

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

ADDRESS (number and street) 7570 CAPLE BLVD SUITE A NORTHWOOD OH 43619

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00322784

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ERIC OSBORN

Signature of Treasurer ERIC OSBORN [Electronically Filed] Date 07 / 27 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="16006.99"/>	<input type="text" value="16006.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16006.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18007.29"/>	<input type="text" value="18007.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="34014.28"/>	<input type="text" value="34014.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15510.00"/>	<input type="text" value="15510.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18504.28"/>	<input type="text" value="18504.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18007.29	18007.29
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18007.29	18007.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18007.29	18007.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18007.29	18007.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18007.29	18007.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	15510.00	15510.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15510.00	15510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15510.00	15510.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18007.29	18007.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18007.29	18007.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

A. CONTRIBUTIONS VOLUNTARY

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3821.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period
3821.03

REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

B. CONTRIBUTIONS VOLUNTARY

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6704.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
2883.11

REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

C. CONTRIBUTIONS VOLUNTARY

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **9141.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
2436.89

REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

SUBTOTAL of Receipts This Page (optional)..... **9141.03**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

A. CONTRIBUTIONS VOLUNTARY
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 11931.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : SA11AI.4465
 Amount of Each Receipt this Period
 2790.29
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALNEDAR YEAR

B. CONTRIBUTIONS VOLUNTARY
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15031.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.4466
 Amount of Each Receipt this Period
 3100.36
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

C. CONTRIBUTIONS VOLUNTARY
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 18007.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.4467
 Amount of Each Receipt this Period
 2975.61
 REC'D VIAL P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

SUBTOTAL of Receipts This Page (optional).....▶	8866.26
TOTAL This Period (last page this line number only).....▶	18007.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CHERRY FOR COUNCIL

Mailing Address KAREN POORE, TREASURER
6144 ROLLAND DRIVE

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4472

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CHERRY FOR COUNCIL

Mailing Address KAREN POORE, TREASURER
6144 ROLLAND DRIVE

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4502

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR GABRIEL

Mailing Address ROSE E BONHART ELLIS, TREASURER
1205 INDEPENDENCE RD

City TOLEDO State OH Zip Code 43607

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4503

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR GARDNER COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2015

Mailing Address 431 N PROSPECT STREET
MICHAEL SIBBERSEN, TREASURER

Transaction ID : SB29.4505

City BOWLING GREEN State OH Zip Code 43402

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
POLI CONTRI OHIO STATE SENATOR

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CITIZENS WITH STEEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2015

Mailing Address 6144 ROLLAND DR
KAREN POORE, TREASURER

Transaction ID : SB29.4483

City TOLEDO State OH Zip Code 43612

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC WOMEN IN ACTION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2015

Mailing Address 340 S IRWIN RD
MELLODY BOWEN-HALL, TREASURER

Transaction ID : SB29.4469

City HOLLAND State OH Zip Code 43528

Amount of Each Disbursement this Period

-100.00

Purpose of Disbursement
POLITICAL CONTRIBUTION VOIDED CK NEVER CASHED

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3150.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ELECT PETE GERKEN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

Mailing Address 3445 RIVER ROAD

Transaction ID : SB29.4495

City TOLEDO State OH Zip Code 43614

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement POLI CONTRI LUCAS COUNTY COMMISSIONER

Category/Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FRIENDS AND NEIGHBORS OF LINDSAY WEBB

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Mailing Address 3166 N REPUBLIC BLVD
THOMAS JAFFEE, TREASURER

Transaction ID : SB29.4482

City TOLEDO State OH Zip Code 43615

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL, DISTRICT 6

Category/Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FABER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2015

Mailing Address 7706 STATE ROUTE 703
DALE SCHWIETERMAN, TREASURER

Transaction ID : SB29.4506

City CELINA State OH Zip Code 45822

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement POLI CONTRI OHIO STATE SENATOR

Category/Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOEL KUHLMAN

Mailing Address 112 E OAK STREET

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement POLI CONTRI WOOD COUNTY COMMISSIONER

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB29.4500

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF KAPSZUKIEWICZ

Mailing Address KAREN POORE, TREASURER
6144 ROLLAND DRIVE

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement POLI CONTRI LUCAS COUNTY TREASURER

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : SB29.4473

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY WICKS

Mailing Address LAURA WICKS, TREASURER
1225 BUTTONWWOD DRIVE

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement POLI CONTRI BOWLING GREEN MAYOR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2015

Transaction ID : SB29.4487

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOU GENTILE

Mailing Address **BRANDON K REESE, TREASURER**
500 LURAY DRIVE

City **WINTERSVILLE** State **OH** Zip Code **43953**

Purpose of Disbursement
POLI CONTRI OHIO STATE SENATOR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4493

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SKELDON WOZNIAK

Mailing Address **JESSICA FORD, TREASURER**
6060 ROCKDALE LANE

City **SYLVANIA** State **OH** Zip Code **43560**

Purpose of Disbursement
POLI CONTRI LUCAS COUNTY COMMISSIONER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4478

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SKELDON WOZNIAK

Mailing Address **1817 MADISON AVE**
JESSICA FORD, TREASURER

City **TOLEDO** State **OH** Zip Code **43604**

Purpose of Disbursement
POLI CONTRI LUCAS COUNTY COMMISSIONER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4498

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. J. BERNIE QUILTER ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2015

Mailing Address 1557 LEBANON ST
CLAUDE MONTGOMERY, TREASURER

Transaction ID : SB29.4471

City TOLEDO State OH Zip Code 43605

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
POLI CONTRI CLERK OF THE COURT OF COMMON PLEAS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LUCAS COUNTY DEMOCRATIC PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address 1817 MADISON AVE
KAREN POORE, TREASURER

Transaction ID : SB29.4475

City TOLEDO State OH Zip Code 43604

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LUCAS COUNTY YOUNG DEMOCRATS -

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2015

Mailing Address 1817 MADISON AVENUE
CARRIE RUSSELL, TREASURER

Transaction ID : SB29.4499

City TOLEDO State OH Zip Code 43604

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. OHIO DEMOCRATIC PARTY

Mailing Address 340 EAST FULTON ST
CHRIS REDFERN, CHARIMAN

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4486**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PHH 4 TOLEDO

Mailing Address C/O LEQUELLA WORTHY, TREASURER
PO BOX 9058

City TOLEDO State OH Zip Code 43697

Purpose of Disbursement
POLI CONTRI TOLEDO MAYOR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4480**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SANDUSKY COUNTY DEMOCRATIC PARTY

Mailing Address JAMES FAILS, TREASURER
1180 BUCHMAN RD

City FREMONT State OH Zip Code 43420

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4476**

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TEAM BURKE

Mailing Address 275 WEST 4TH STREET
MICHAEL ROSE, TREASURER

City MARYSVILLE State OH Zip Code 43040

Purpose of Disbursement
POLI CONTRI OHIO STATE SENATOR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4508

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. THE COMMITTEE TO ELECT CLIFF HITE

Mailing Address 2417 WESTMOOR ROAD
CHAR JOHANNIGMAN, TREASURER

City FINDLAY State OH Zip Code 45840

Purpose of Disbursement
POLI CONTRI OHIO STATE SENATOR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4507

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶