

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 OCT 26 AM 8:58

Office Use Only

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

ADDRESS (number and street) C00322784
ERIC OSBORN
UNITED ASSOC LOCAL 50 PLUMBERS
& STEAMFITTERS POLITICAL ACTION FUND
7570 CAPLE BLVD SUITE A
NORTHWOOD OH 43619-1084

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 3 2 2 7 8 4

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input checked="" type="checkbox"/> Convention (12C) | <input checked="" type="checkbox"/> Special (12S) | |

Election on 11 / 06 / 2007 in the State of OH

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2007 through 10 / 17 / 2007

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 

Date 10 / 22 / 2007

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

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

27039554133

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS POLITICAL ACTION FUND

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2007

To:

MM / DD / YYYY
10 / 17 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		161118
(b) Cash on Hand at Beginning of Reporting Period.....	1784853	
(c) Total Receipts (from Line 19)	868513	1855248
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2653366	3471366
7. Total Disbursements (from Line 31)	708000	1526000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1945366	1945366
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	 	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	 	



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

27039554134

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS POLITICAL ACTION FUND

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2007

To:

MM / DD / YYYY
10 / 17 / 2007

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

8 685 13
8 685 13

1 8 552 48
1 8 552 48

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

8 685 13

1 8 552 48

12. Transfers From Affiliated/Other Party Committees.....

--

--

13. All Loans Received.....

--

--

14. Loan Repayments Received.....

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--

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

--

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

--

--

17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

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- (b) Levin Funds (from Schedule H5).....

--

--

- (c) Total Transfers (add 18(a) and 18(b))..

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--

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8 685 13

1 8 552 48

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

8 685 13

1 8 552 48

27039554135

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	6,080.00	14,260.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7,080.00	15,260.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8 6 8 5 1 3	1 8 5 5 2 4 8
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8 6 8 5 1 3	1 8 5 5 2 4 8
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<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 PLBRS & STMFTRS, POLITICAL ACTION FUND

A. VOLUNTARY CONTRIBUTIONS REC'D VIA

Full Name (Last, First, Middle Initial)
Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN
City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
2 4 9 2 1 4

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

B. VOLUNTARY CONTRIBUTIONS REC'D VIA

Full Name (Last, First, Middle Initial)
Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN
City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Date of Receipt
MM / DD / YYYY
08 / 15 / 2007

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
2 1 5 3 2 8

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

C. VOLUNTARY CONTRIBUTIONS REC'D VIA

Full Name (Last, First, Middle Initial)
Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN
City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
1 7 5 9 5 0

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶ 6 4 0 4 9 2

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

27039554138

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<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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NAME OF COMMITTEE (In Full)
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) VOLUNTARY CONTRIBUTIONS REC'D VIA		Date of Receipt
Mailing Address PKR DEDUCTIONS AGGREGATING LESS THAN		10 / 12 / 2007
City State Zip Code \$200.00 PER INDIVI. PER CALENDAR YEAR		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		2 2 8 0 2 1
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	2 2 8 0 2 1
TOTAL This Period (last page this line number only).....▶	8 6 8 5 1 3

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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)						PAGE 1 OF 1				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)	FEDERAL CANDIDATES
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. ROBIN WEIRAUCH FOR CONGRESS		MM/DD/YYYY 10/17/2007	
Mailing Address PO BOX 301			
City	State	Zip Code	
NAPOLEON OH 43545			
Purpose of Disbursement POLI CONTRI US HOUSE OF REPRES, OH DIST# 5		Category/Type 1 1	Amount of Each Disbursement this Period 1 0 0 0 0
Candidate Name ROBIN WEIRAUCH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 5TH			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B.		MM/DD/YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
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)		Date of Disbursement	
C.		MM/DD/YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
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).....▶	1 0 0 0 0

27039554140

**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)				PAGE 1 OF 8	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
--	-------------------------------

Full Name (Last, First, Middle Initial) A. COMMITTEE TO RE-ELECT WILMA BROWN		Date of Disbursement 07 / 20 / 2007
Mailing Address 909 SEARLES RD IAN ENGLISH, TREASURER		Amount of Each Disbursement this Period 20000
City TOLEDO OH 43607	State Zip Code	
Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL DISTRICT #1	Category/ Type	
Candidate Name WILMA BROWN		
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 OF LISA SOBECKI		Date of Disbursement 07 / 20 / 2007
Mailing Address 2714 117TH ST BARBARA CHIO, TREASURER		Amount of Each Disbursement this Period 20000
City TOLEDO OH 43611	State Zip Code	
Purpose of Disbursement POLI CONTRI TOLEDO BOARD OF EDUCATION	Category/ Type	
Candidate Name LISA SOBECKI		
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 & NEIGHBORS OF LINDSAY WEBB		Date of Disbursement 07 / 20 / 2007
Mailing Address 2828 128TH ST KATIE CLARKE, TREASURER		Amount of Each Disbursement this Period 32000
City TOLEDO OH 43611	State Zip Code	
Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL DISTRICT #6	Category/ Type	
Candidate Name LINDSAY WEBB		
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).....▶	72000
TOTAL This Period (last page this line number only).....▶	

27039554141

**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)						PAGE 3 OF 8
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)	NON-FEDERAL CANDIDATES
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. GARY M. BRETZ		07 ^M / 20 ^D / 2007 ^Y
Mailing Address 505 EAST MAPLE ST JEFFERY P. BRETZ, TREASURER		Amount of Each Disbursement this Period
City	State Zip Code	
NORTH BALTIMORE OH 45872		50000
Purpose of Disbursement POLI CONTRI NORTH BALTIMORE VILLAGE COUNCIL		Category/ Type
Candidate Name GARY M. BRETZ		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. LUCAS COUNTY DEMOCRATIC COALITION		07 ^M / 23 ^D / 2007 ^Y
Mailing Address 425 JEFFERSON AVE STE 615 C/O KROMPAK COMMUNICATIONS		Amount of Each Disbursement this Period
City	State Zip Code	
TOLEDO OH 43604		50000
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. REEVES ELECTION COMMITTEE		08 / 23 / 2007 ^Y
Mailing Address 1503 COY RD MARK BEACH, TREASURER		Amount of Each Disbursement this Period
City	State Zip Code	
OREGON OH 43616		10000
Purpose of Disbursement POLI CONTRI OREGON CITY COUNCIL		Category/ Type
Candidate Name TERRY REEVES		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	110000
TOTAL This Period (last page this line number only).....▶	

27039554143

**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)				PAGE 4 OF 8	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
--	-------------------------------

Full Name (Last, First, Middle Initial) A. WEST TOLEDO DEMOCRATIC CLUB		Date of Disbursement 08 / 23 / 2007
Mailing Address 2410 NEWPORT AVE		Amount of Each Disbursement this Period 1 2 0 0 0
City TOLEDO OH 43613	State Zip Code	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	Amount of Each Disbursement this Period 1 2 0 0 0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF KAPSZUKIEWICZ		Date of Disbursement 08 / 23 / 2007
Mailing Address 2536 MEADOWWOOD DR ED CICHY, TREASURER		Amount of Each Disbursement this Period 1 5 0 0 0
City TOLEDO OH 43606	State Zip Code	
Purpose of Disbursement POLI CONTRI LUCAS COUNTY TREASURER	Category/Type	Amount of Each Disbursement this Period 1 5 0 0 0
Candidate Name WADE KAPSZUKIEWICZ		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ELECT DEBRA A. BENKO P. CLINTON C.C.		Date of Disbursement 08 / 23 / 2007
Mailing Address 711 W LAKESHORE DR BETH BENKO, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City PORT CLINTON OH 43452	State Zip Code	
Purpose of Disbursement POLI CONTRI PORT CLINTON CITY COUNCIL AT LARGE	Category/Type	Amount of Each Disbursement this Period 1 0 0 0 0
Candidate Name DEBRA A. BENKO		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3 7 0 0 0
TOTAL This Period (last page this line number only).....▶	

27039554144

**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)						PAGE 5 OF 8				
	<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 checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full) UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
--	-------------------------------

Full Name (Last, First, Middle Initial) A. COMM TO ELECT JIM BISHOP		Date of Disbursement 08 / 23 / 2007
Mailing Address 4745 THOBE RAY LEWANDOWSKI, TREASURER		Amount of Each Disbursement this Period 20000
City TOLEDO OH 43615	State Zip Code	
Purpose of Disbursement POLI CONTRI TOLEDO MUNICIPAL COURT JUDGE		Category/ Type
Candidate Name JIM BISHOP		
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. THE COMM TO ELECT JEFFERY P. BRETZ		Date of Disbursement 08 / 23 / 2007
Mailing Address 404 EAST WALNUT ST		Amount of Each Disbursement this Period 8000
City NORTH BALTIMORE OH 45872	State Zip Code	
Purpose of Disbursement POLI CONTRI OHIO GEN ASSEMBLY HOUSE DISTRICT #6 2008		Category/ Type
Candidate Name JEFFERY BRETZ		
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. CICHY FOR COUNCIL		Date of Disbursement 08 / 23 / 2007
Mailing Address 1920 S BYRNE RD #3 KAREN POORE, TREASURER		Amount of Each Disbursement this Period 10000
City TOLEDO OH 43614	State Zip Code	
Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL		Category/ Type
Candidate Name ED CICHY		
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)▶	38000
TOTAL This Period (last page this line number only)▶	

27039554145

**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)				PAGE 6 OF 8	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) **NON-FEDERAL CANDIDATES**
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)

RE-ELECT SEAMAN TO OREGON CITY COUNCIL

Mailing Address
3555 WILLIAMSBURG DR NAJAH R. SEAMAN, TREASURER

City State Zip Code
OREGON OH 43616

Purpose of Disbursement
POLI CONTRI OREGON CITY COUNCIL

Candidate Name
JAMES S. SEAMAN

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 / 23 / 2007

Amount of Each Disbursement this Period
2 5 0 0 0

Category/Type

B. Full Name (Last, First, Middle Initial)

CITIZENS FOR ASHFORD

Mailing Address
2910 COLLINGWOOD

City State Zip Code
TOLEDO OH 43610

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL DISTRICT #4

Candidate Name
MICHAEL ASHFORD

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 04 / 2007

Amount of Each Disbursement this Period
2 0 0 0 0

Category/Type

C. Full Name (Last, First, Middle Initial)

KRAUSE COMMITTEE

Mailing Address
5127 YERMO DR KAREN KRAUSE, TREASURER

City State Zip Code
TOLEDO OH 43613

Purpose of Disbursement
POLI CONTRI LUCAS COUNTY EDUCATIONAL SERV CTR, GOVERNING BRD.

Candidate Name
KAREN KRAUSE

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 04 / 2007

Amount of Each Disbursement this Period
5 0 0 0 0

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **9 5 0 0 0**

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

27039554146

**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)						PAGE 7 OF 8				
	<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

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NAME OF COMMITTEE (In Full) **NON-FEDERAL CANDIDATES**
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
CITIZENS WITH DAVE SIMKO

Mailing Address
4052 HOLLAND-SYLVANIA RD ALLAN WAGNER, CPA

City State Zip Code
TOLEDO OH 43623

Purpose of Disbursement
POLI CONTRI SYLVANIA TOWNSHIP FISCAL OFFICER

Candidate Name
DAVID SIMKO

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 04 / 2007

Amount of Each Disbursement this Period
1 0 0 0 0

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT NORM WITZLER

Mailing Address
28 MATTATUCK WAY

City State Zip Code
WATERVILLE OH 43566

Purpose of Disbursement
POLI CONTRI WATERVILLE CITY COUNCIL

Candidate Name
NORM WITZLER

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 04 / 2007

Amount of Each Disbursement this Period
1 0 0 0 0

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT MARTY SKELDON

Mailing Address
2921 BARRINGTON DR ANITA TALLENT, TREASURER

City State Zip Code
TOLEDO OH 43606

Purpose of Disbursement
POLI CONTRI TOLEDO CITY COUNCIL DISTRICT #5

Candidate Name
MARTY SKELDON

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 / 04 / 2007

Amount of Each Disbursement this Period
2 0 0 0 0

SUBTOTAL of Disbursements This Page (optional).....▶ **4 0 0 0 0**

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

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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)				PAGE 8 OF 8	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) **NON-FEDERAL CANDIDATES**
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial) **MOLLY MCHUGH BRANYAN COMMITTEE**

Date of Disbursement: **10 / 04 / 2007**

Mailing Address **2656 OVERBROOK DR KATHLEEN BEACH, TREASURER**

City **TOLEDO OH** State **OH** Zip Code **43614**

Purpose of Disbursement **POLI CONTRI TOLEDO CITY COUNCIL DISTRICT #2**

Candidate Name **MOLLY MCHUGH BRANYAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Amount of Each Disbursement this Period: **4 0 0 0 0**

Category/Type: _____

B.

Full Name (Last, First, Middle Initial) **TERESA FEDOR FOR SENATE**

Date of Disbursement: **10 / 04 / 2007**

Mailing Address **2054 BELVEDERE DR CLIFF MALLETT, TREASURER**

City **TOLEDO OH** State **OH** Zip Code **43614**

Purpose of Disbursement **POLI CONTRI OHIO SENATE DISTRICT #11**

Candidate Name **TERESA FEDOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Amount of Each Disbursement this Period: **5 0 0 0 0**

Category/Type: _____

C.

Full Name (Last, First, Middle Initial) **COMMITTEE TO RE-ELECT MICHAEL SHEEHY**

Date of Disbursement: **10 / 04 / 2007**

Mailing Address **1129 SCHMIDLIN RD SANDRA SHEEHY, TREASURER**

City **OREGON OH** State **OH** Zip Code **43616**

Purpose of Disbursement **POLI CONTRI OREGON CITY COUNCIL**

Candidate Name **MICHAEL SHEEHY**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

Amount of Each Disbursement this Period: **1 0 0 0 0**

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **1 0 0 0 0 0**

TOTAL This Period (last page this line number only).....▶ **6 0 8 0 0 0**

27039554148

Federal Election Commission
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 PREPARER

10/29/07
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