

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 OCT 20 AM 9:23  
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

N

NEW (N)

OR

A

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:

- 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

In the State of

State

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2008

through

MM / DD / YYYY  
09 / 30 / 2008

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

*[Signature]*

Date

MM / DD / YYYY  
10 / 13 / 2008

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

**FEC FORM 3X**  
Rev. 12/2004

28039874153

**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:    To:

2803987415A

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2008"/>	<input type="text" value="2103606"/>	<input type="text" value="2103606"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1792042"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="305653"/>	<input type="text" value="1406589"/>
(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="2097695"/>	<input type="text" value="3510195"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="260000"/>	<input type="text" value="1672500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="1837695"/>	<input type="text" value="1837695"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=""/>	

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 Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....			
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 .....		2 600 00	16 725 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)) ..		2, 600.00	16 725 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) .....	3 0 5 6 5 3	1 4 0 6 5 8 9
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3 0 5 6 5 3	1 4 0 6 5 8 9
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) .....		

28039874157

**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 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYY YYY  
07 / 16 / 2008

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

**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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYY YYY  
08 / 15 / 2008

Amount of Each Receipt this Period  
1 5 0 6 4 8

**C.**

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 ▼

Date of Receipt  
MM / DD / YYY YYY

Amount of Each Receipt this Period

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

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

3 0 5 6 5 3

28039874158

**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 2	
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**DARLENE DUNN**

Date of Disbursement  
**08 / 22 / 2008**

Mailing Address  
**7207 BURNSIDE DR STEPHEN C. DANFORTH, TREASURER**

City State Zip Code  
**SYLVANIA OH 43560**

Purpose of Disbursement  
**POLI CONTRI OHIO HOUSE OF REPRES., DISTRICT #46**

Candidate Name  
**DARLENE DUNN**

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

State: District:

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

**B.** Full Name (Last, First, Middle Initial)  
**BAKER FOR COMMISSIONER COMMITTEE**

Date of Disbursement  
**08 / 22 / 2008**

Mailing Address  
**211 LYNN ST WILLIAM FARELL, TREASURER**

City State Zip Code  
**LINDSEY OH 43442**

Purpose of Disbursement  
**POLI CONTRI SANDUSKY COUNTY COMMISSIONER**

Candidate Name  
**GLENN BAKER**

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

State: District:

Amount of Each Disbursement this Period  
**2 5 0 0 0**

**C.** Full Name (Last, First, Middle Initial)  
**CITIZENS FOR HEMINGER**

Date of Disbursement  
**08 / 22 / 2008**

Mailing Address  
**1132 LYN RD**

City State Zip Code  
**BOWLING GREEN OH 43402**

Purpose of Disbursement  
**POLI CONTRI WOOD COUNTY CLERK OF COURTS**

Candidate Name  
**GORDY HEMINGER**

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

State: District:

Amount of Each Disbursement this Period  
**2 5 0 0 0**

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

**TOTAL This Period (last page this line number only)** ..... **1 0 0 0 0**

28039874159

**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 2 OF 2	
	<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) <b>A. FRIENDS OF SKELDON WOZNAK</b>		Date of Disbursement 08 / 22 / 2008
Mailing Address 1424 SABRA ROAD AARON WOZNAK, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City State Zip Code TOLEDO OH 43612	Purpose of Disbursement POLI CONTRI LUCAS COUNTY COMMISSIONER	
Candidate Name TINA SKELDON WOZNAK	Category/Type	
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>B. WEST TOLEDO DEMOCRATIC CLUB</b>		Date of Disbursement 08 / 22 / 2008
Mailing Address 1825 MARNE AVE KAY NYITRAI, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City State Zip Code TOLEDO OH 43613	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name	Category/Type	
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>C. PERKINS FOR COMMISSIONER</b>		Date of Disbursement 09 / 03 / 2008
Mailing Address 336 S MAIN ST ANDREW NEWLOVE, TREASURER		Amount of Each Disbursement this Period 5 0 0 0 0
City State Zip Code BOWLING GREEN OH 43402	Purpose of Disbursement POLI CONTRI WOOD COUNTY COMMISSIONER	
Candidate Name ALVIN L. PERKINS	Category/Type	
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).....▶	1 6 0 0 0 0
TOTAL This Period (last page this line number only).....▶	2 6 0 0 0 0

28039874160



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
PREPARER

*10/20/08*  
DATE PREPARED

28039874161