

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
United Association Political Education Committee

ADDRESS (number and street) 901 Massachusetts Avenue, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20001-4307

2. **FEC IDENTIFICATION NUMBER** C00012476  
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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 25 2008 through 12 31 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 Assistant Treasurer Patrick R. Perno

Signature of Treasurer Electronically Filed by Assistant Treasurer Patrick R. Perno Date 03 05 2009

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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
United Association Political Education Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1410554.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	1325362.22									
(c) Total Receipts (from Line 19) .....	254991.94	2239532.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1580354.16	3650086.33								
7. Total Disbursements (from Line 31) .....	830408.99	2900141.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	749945.17	749945.17								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
United Association Political Education Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	0.00	6060.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	250505.52	1716619.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	250505.52	1722679.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	285600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	250505.52	2008279.66
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	20000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4486.42	211252.54
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 Transfer (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)) .....	254991.94	2239532.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	254991.94	2239532.20

**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) Shared 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.....	75.00	17751.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	75.00	17751.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	-1500.00	1250100.00
24. Independent Expenditure (use Schedule E) .....	324208.99	510314.42
25. Coordinated Expenditures Made by Party Committees (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.....	507625.00	1121975.53
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	830408.99	2900141.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	830408.99	2900141.16

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	250505.52	2008279.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	250505.52	2008279.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	75.00	17751.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	75.00	17751.21

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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 Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 1501 Pennsylvania Avenue, NW  
City Washington State DC Zip Code 20013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6899.21  
Date of Receipt 11 / 28 / 2008  
Transaction ID: SA17.11570  
Amount of Each Receipt this Period 133.09  
Interest

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 1501 Pennsylvania Avenue, NW  
City Washington State DC Zip Code 20013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7002.54  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA17.11571  
Amount of Each Receipt this Period 103.33  
Interest

**C.** Full Name (Last, First, Middle Initial)  
POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT  
Mailing Address 815 16TH STREET NW #600  
City WASHINGTON State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00003160  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4250.00  
Date of Receipt 12 / 23 / 2008  
Transaction ID: SA17.11576  
Amount of Each Receipt this Period 4250.00  
Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4486.42  
**TOTAL** This Period (last page this line number only) ..... ► 4486.42

**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 / 14

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Association Political Education Committee

A.

Full Name (Last, First, Middle Initial)

Complete Campaigns, Inc.

Transaction ID: SB21B.11584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	8

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102

Amount of Each Disbursement this Period

75.00
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Purpose of Disbursement  
Subscription

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

75.00

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

75.00

**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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Delahunt for Congress</p> <p>Mailing Address 500 Victory Road</p> <p>City Quincy State MA Zip Code 02171</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name William Delahunt for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11582</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDREW JAMES DUCK</p> <p>Mailing Address P.O. BOX 133</p> <p>City WOODSBORO State MD Zip Code 21798</p> <p>Purpose of Disbursement Void stale check</p> <p>Candidate Name ANDREW JAMES DUCK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11590</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ANDREW JAMES DUCK</p> <p>Mailing Address P.O. BOX 133</p> <p>City WOODSBORO State MD Zip Code 21798</p> <p>Purpose of Disbursement Void stale check</p> <p>Candidate Name ANDREW JAMES DUCK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11592</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

<b>A.</b> Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE <hr/> Mailing Address PO BOX 620062 <hr/> City MIDDLETON State WI Zip Code 53562 <hr/> Purpose of Disbursement Transfer Candidate Name FEINGOLD SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11588 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DEBORAH 'DEBBIE' HALVORSON <hr/> Mailing Address 565 ABERDEEN DRIVE <hr/> City CRETE State IL Zip Code 60417 <hr/> Purpose of Disbursement Void check Candidate Name DEBORAH 'DEBBIE' HALVORSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11594 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period -3000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEBORAH 'DEBBIE' HALVORSON <hr/> Mailing Address 565 ABERDEEN DRIVE <hr/> City CRETE State IL Zip Code 60417 <hr/> Purpose of Disbursement Debt Retirement Candidate Name DEBORAH 'DEBBIE' HALVORSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11587 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) JOHN B LARSON	Transaction ID: SB23.11593 Date of Disbursement 12 / 01 / 2008
	Mailing Address 1887 OLD MAIN STREET	Amount of Each Disbursement this Period -2500.00
	City EAST HARTFORD State CT Zip Code 06108	
	Purpose of Disbursement Void check	Category/ Type
	Candidate Name JOHN B LARSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GWENDOLYNNE MOORE	Transaction ID: SB23.11580 Date of Disbursement 12 / 03 / 2008
	Mailing Address 4043 N. 19th Place	Amount of Each Disbursement this Period 5000.00
	City MILWAUKEE State WI Zip Code 53209	
	Purpose of Disbursement Debt Retirement	Category/ Type
	Candidate Name GWENDOLYNNE MOORE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN P MR. MURTHA	Transaction ID: SB23.11579 Date of Disbursement 12 / 01 / 2008
	Mailing Address 2238 WOODCREST DRIVE	Amount of Each Disbursement this Period 5000.00
	City JOHNSTOWN State PA Zip Code 15905	
	Purpose of Disbursement Debt Retirement	Category/ Type
	Candidate Name JOHN P MR. MURTHA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAVID RONALD MUSGROVE</b>	<b>Transaction ID:</b> SB23.11595 Date of Disbursement 12 / 01 / 2008	
	Mailing Address 105 ADDINGTON PLACE		
	City MADISON State MS Zip Code 39110	Amount of Each Disbursement this Period	-5000.00
	Purpose of Disbursement Void check		
	Candidate Name <b>DAVID RONALD MUSGROVE</b>	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>SALAM "SAM" RASOUL</b>	<b>Transaction ID:</b> SB23.11598 Date of Disbursement 12 / 01 / 2008	
	Mailing Address BOX 126		
	City BLUE RIDGE State VA Zip Code 24064	Amount of Each Disbursement this Period	-1000.00
	Purpose of Disbursement Void check		
	Candidate Name <b>SALAM "SAM" RASOUL</b>	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>REPUBLICAN PARTY OF WISCONSIN</b>	<b>Transaction ID:</b> SB23.11589 Date of Disbursement 12 / 01 / 2008	
	Mailing Address 148 E. Johnson Street		
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period	-5000.00
	Purpose of Disbursement Void state check		
	Candidate Name <b>REPUBLICAN PARTY OF WISCONSIN</b>	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-11000.00</b>
<b>TOTAL</b> 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)

PAGE 12 / 14

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Association Political Education Committee

A.

Full Name (Last, First, Middle Initial)

JOSE E SERRANO

Mailing Address 910 GRAND CONCOURSE

City BRONX State NY Zip Code 10451

Purpose of Disbursement  
Void stale check

Candidate Name  
JOSE E SERRANO

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Transaction ID: SB23.11591

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
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Amount of Each Disbursement this Period

-1000.00
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SUBTOTAL of Disbursements This Page (optional) .....

-1000.00

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

-1500.00

# 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

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 Association Political Education Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Election Commission <hr/> Mailing Address 999 E Street, NW <hr/> City Washington State DC Zip Code 20463 Purpose of Disbursement Fine Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB29.11585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2625.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GEORGIA STATE AFL-CIO <hr/> Mailing Address 501 PULLIAM ST SW, SUIRE 549 <hr/> City ATLANTA State GA Zip Code 30312 Purpose of Disbursement Transfer Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB29.11597 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) United Association Political Action Fund <hr/> Mailing Address 901 Massachusetts Avenue, NW <hr/> City Washington State DC Zip Code 20001 Purpose of Disbursement Transfer to Non Federal Account Candidate Name <hr/> 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) ▼	<b>Transaction ID:</b> SB29.11596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	507625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	507625.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) United Association Political Education Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00012476	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kelly Press, Inc.		Date M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 8	
Mailing Address 1701 Cabin Branch Road		Amount 324208.99	
City State Zip Code Cheverly MD 20785		Transaction ID: SE.11601	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 510314.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	324208.99
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	324208.99
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Assistant Treasurer Patrick R. Perno Signature	Date M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9