

**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:

M D / M D / Y Y Y Y
0 1 / 0 1 / 2 0 1 0

To:

M D / M D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="checkbox"/> Y Y Y Y / <input type="checkbox"/> Y Y Y Y 2 0 1 0		7,103.22
(b) Cash on Hand at Beginning of Reporting Period.....	7,103.22	
(c) Total Receipts (from Line 19).....	3,272.16	3,272.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,375.38	10,375.38
7. Total Disbursements (from Line 31).....	5,600.00	5,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,775.38	4,775.38
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

10030302351

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:

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 1 0

To:

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

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.....	3 272 16	3 272 16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3 272 16	3 272 16
(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).....▶	3 272 16	3 272 16
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3 272 16	3 272 16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3 272 16	3 272 16

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**DETAILED SUMMARY PAGE
of Disbursements**

10030302353

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			
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		5 600 00	5 600 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)) ..		5 600 00	5 600 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	▶		

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 27216	3 27216
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3 27216	3 27216
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)		

10030302354

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)

A. VOLUNTARY CONTRIBUTIONS REC'D VIA

Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN

Date of Receipt

01 / 15 / 2010

City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Amount of Each Receipt this Period

1 1 1 0 5 6

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B. VOLUNTARY CONTRIBUTIONS REC'D VIA

Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN

Date of Receipt

02 / 12 / 2010

City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Amount of Each Receipt this Period

1 1 3 0 6 2

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C. VOLUNTARY CONTRIBUTIONS REC'D VIA

Mailing Address
P/R DEDUCTIONS AGGREGATING LESS THAN

Date of Receipt

03 / 15 / 2010

City State Zip Code
\$200.00 PER INDIVI. PER CALENDAR YEAR

Amount of Each Receipt this Period

1 0 3 0 9 8

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

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

3 2 7 2 1 6

16030302355

**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 6
	<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. FRIENDS OF JOEL KUHLMAN		MM / DD / YYYY
Mailing Address		10 / 21 / 2009
304 SOUTH CHURCH STREET JAMIE KUHLMAN, TREASURER		
City State Zip Code		
BOWLING GREEN OH 43402		
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
POLI CONTRI BOWLING GREEN CITY COUNCIL AT LARGE		2000.00
Candidate Name		LOST CHECK (VOIDED CHECK ON 2/8/10)
JOEL KUHLMAN		
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. MIKE BELL FOR TOLEDO		MM / DD / YYYY
Mailing Address		01 / 18 / 2010
405 MADISON AVE, SUITE 1550 NORMAN BELL, TREASURER		
City State Zip Code		
TOLEDO OH 43604		
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
POLI CONTRI MAYOR OF TOLEDO		2000.00
Candidate Name		
MIKE BELL		
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. LUCAS COUNTY DEMOCRATIC PARTY		MM / DD / YYYY
Mailing Address		01 / 21 / 2010
1817 MADISON AVE NANCY NORMAN, TREASURER		
City State Zip Code		
TOLEDO OH 43604		
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
POLITICAL CONTRIBUTION		1500.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	15000
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 2 OF 6
	<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. PHIL COPLAND CAMPAIGN		MM / DD / YYYY 01 / 21 / 2010
Mailing Address		Amount of Each Disbursement this Period 3 0 0 0 0 0
340 SHELDON MONICA CARTER, TREASURER		
City	State Zip Code	
TOLEDO OH	43605	
Purpose of Disbursement	Category/Type	
POLI CONTRI TOLEDO CITY COUNCIL AT LARGE		
Candidate Name		
PHIL COPELAND		
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. STEEL FOR SCHOOL BOARD		MM / DD / YYYY 01 / 21 / 2010
Mailing Address		Amount of Each Disbursement this Period 2 5 0 0 0
6144 ROLLAND DR. KAREN POORE, TREASURER		
City	State Zip Code	
TOLEDO OH	43612	
Purpose of Disbursement	Category/Type	
POLI CONTRI TOLEDO PUBLIC SCHOOL BOARD		
Candidate Name		
STEVE STEEL		
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. CITIZENS FOR PEPPER COMMITTEE		MM / DD / YYYY 01 / 21 / 2010
Mailing Address		Amount of Each Disbursement this Period 1 0 0 0 0 0
600 VINE STREET DON MOONEY, TREASURER		
City	State Zip Code	
CINCINNATI OH	45202	
Purpose of Disbursement	Category/Type	
POLI CONTRI OHIO STATE AUDITOR		
Candidate Name		
DAVID PEPPER		
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).....▶	1 5 5 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 3 OF 6

<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 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
--	-------------------------------

Full Name (Last, First, Middle Initial) A. OREGON DEMOCRATIC CLUB		Date of Disbursement MM / DD / YYYY 01 / 21 / 2010
Mailing Address 5120 BAYSHORE RD. MADELINE VALLEJO-WELCH, TREASURER		Amount of Each Disbursement this Period 1 5 0 0 0
City State Zip Code OREGON OH 43616-4400		
Purpose of Disbursement POLITICAL CONTRIBUTION	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. GARRISON FOR OHIO		Date of Disbursement MM / DD / YYYY 01 / 22 / 2010
Mailing Address 427 5TH ST HOLLY DEXTER, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City State Zip Code MARIETTA OH 45750		
Purpose of Disbursement POLI CONTRI OHIO SECRETARY OF STATE 2010 PRIMARY	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) C. FRIENDS OF FRANK C. COMUNALE VICTORY 10		Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
Mailing Address 1295 LEDGEWOOD MARTHA A COMUNALE, TREASURER		Amount of Each Disbursement this Period 2 5 0 0 0
City State Zip Code AKRON OH 44333		
Purpose of Disbursement POLI CONTRI OHIO STATE SENATE DISTRICT #27	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 4 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 4 OF 6

<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) **NON-FEDERAL CANDIDATES**
UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. FRIENDS OF KAPSZUKIEWICZ		Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
Mailing Address 2536 MADOWOOD DR ED CICHY, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City TOLEDO OH	State OH	
Zip Code 43606		Category/ Type
Purpose of Disbursement POLI CONTRI LUCAS COUNTY TREASURER		
Candidate Name WADE KAPSZUKIEWICZ		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. J. BERNIE QUILTER ELECTION COMMITTEE		Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
Mailing Address 4810 SOUTH TEAL LANE CLAUDE MONTGOMERY, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City OREGON OH	State OH	
Zip Code 43616		Category/ Type
Purpose of Disbursement POLI CONTRI LUCAS COUNTY CLERK OF COURTS		
Candidate Name J. BERNIE QUILTER		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. COMMITTEE TO RETAIN JUDGE COSME		Date of Disbursement MM / DD / YYYY 02 / 03 / 2010
Mailing Address 6835 WEXFORD HILL LANE LEO DAVID MARTINEZ, TREASURER		Amount of Each Disbursement this Period 2 0 0 0 0
City HOLLAND OH	State OH	
Zip Code 43528		Category/ Type
Purpose of Disbursement POLI CONTRI 6TH DISTRICT COURT OF APPEALS JUDGE		
Candidate Name KEILA COSME		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)..... ▶

4 0 0 0 0

**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 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
--	-------------------------------

Full Name (Last, First, Middle Initial) A. FRIENDS OF MATT SZOLLOSI		Date of Disbursement 02 / 18 / 2010
Mailing Address 1660 GRAND BAY DRIVE THOMAS JAFFEE, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0
City OREGON OH	State OH	
Zip Code 43616	Purpose of Disbursement POLI CONTRI OHIO STATE REPRESENTATIVE	
Category/Type		
Candidate Name MATT SZOLLOSI	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: OH	District:	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT MIKE SMITH		Date of Disbursement 02 / 22 / 2010
Mailing Address P.O. BOX 184		Amount of Each Disbursement this Period 1 0 0 0 0
City TEMPERANCE MI	State MI	
Zip Code 48182	Purpose of Disbursement POLI CONTRI MI STATE REPRES, 55TH DISTRICT 2010 PRIMARY	
Category/Type		
Candidate Name MIKE SMITH	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: MI	District:	

Full Name (Last, First, Middle Initial) C. JERUSALEM TOWNSHIP MEN'S DEMOCRAT CLUB		Date of Disbursement 03 / 08 / 2010
Mailing Address 1120 ONER PLACE C/O TERRY REIFF		Amount of Each Disbursement this Period 3 0 0 0 0
City CURTICE OH	State OH	
Zip Code 43412	Purpose of Disbursement POLITICAL CONTRIBUTION	
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: OH	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5 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 6 OF 6
	<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. THE CORDRAY COMMITTEE		Date of Disbursement 03 / 19 / 2010
Mailing Address P O BOX 1776 MARY ELLEN WITHROW, TREASURER		Amount of Each Disbursement this Period 1 0 0 0 0 0
City COLUMBUS OH	State 43216	
Purpose of Disbursement POLI CONTRI OHIO ATTORNEY GENERAL	Category/ Type	
Candidate Name RICHARD CORDRAY		
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 JOE MCNAMARA		Date of Disbursement 03 / 19 / 2010
Mailing Address 4619 CRANBROOK DR KEVIN PIROZEK, TREASURER		Amount of Each Disbursement this Period 5 0 0 0 0 0
City TOLEDO OH	State 43615	
Purpose of Disbursement POLI CONTRI OHIO STATE SENATE	Category/ Type	
Candidate Name JOE MCNAMARA		
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. MAUMEE DEMOCRATIC CLUB		Date of Disbursement 03 / 19 / 2010
Mailing Address 2430 SOUTH DETROIT AVE		Amount of Each Disbursement this Period 1 0 0 0 0 0
City MAUMEE OH	State 43537	
Purpose of Disbursement POLITICAL CONTRIBUTION	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)▶	1 6 0 0 0 0
TOTAL This Period (last page this line number only)▶	5 6 0 0 0 0

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Federal Election Commission
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