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FEC MAIL CENTER
2009 JUL 20 PM 11:32

ANN HILDEBRANDT
Attorney and Counselor
65 Cadillac Square, Ste. 2610
Detroit, Michigan 48226-2877

Telephone 313 / 965-6885
Facsimile 313 / 963-8471

RECEIVED

JUL 13 2009

BOILERMAKERS
LOCAL 169

July 15, 2009

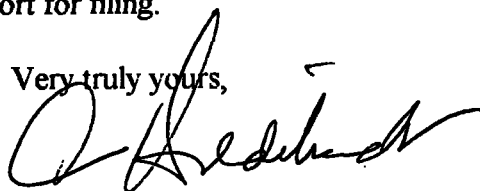
By certified mail, return receipt requested
Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Re: FEC ID No. C 000 409 49
Mid-Year Report
Our File No. 169 FPAC

Dear Commissioners:

Enclosed is the above captioned Report for filing.

Very truly yours,



ANN HILDEBRANDT

Enclosures

cc: Robert D. Hutsell
Anthony N. Jacobs
Michael D. Card
Newton B. Jones
Bridgette Martin
Lawrence McManamon
Kathleen McComb

29030122387

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2009 JUL 20 PM 11:32

Office Use Only

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

International Brotherhood of Boilermakers, Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC

ADDRESS (number and street) 5936 Chase Road

Check if different than previously reported. (ACC) Dearborn MI 48126

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

C00040949

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) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <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 type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (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 MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 Robert D. Hutsell

Signature of Treasurer *Robert D. Hutsell* Date MM / DD / YYYY

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

29030122388

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

MM	DD	YYYY
01	01	2009

 To:

MM	DD	YYYY
06	30	2009

	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>YYYY</td><td>MM</td><td>DD</td></tr><tr><td>2009</td><td></td><td></td></tr></table>	YYYY	MM	DD	2009				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>11</td><td>47</td><td>0010</td></tr></table>	MM	DD	YYYY	11	47	0010
YYYY	MM	DD												
2009														
MM	DD	YYYY												
11	47	0010												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>14</td><td>70</td><td>0010</td></tr></table>	MM	DD	YYYY	14	70	0010							
MM	DD	YYYY												
14	70	0010												
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>15</td><td>21</td><td>779</td></tr></table>	MM	DD	YYYY	15	21	779	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>15</td><td>21</td><td>779</td></tr></table>	MM	DD	YYYY	15	21	779
MM	DD	YYYY												
15	21	779												
MM	DD	YYYY												
15	21	779												
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>29</td><td>91</td><td>789</td></tr></table>	MM	DD	YYYY	29	91	789	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>29</td><td>91</td><td>789</td></tr></table>	MM	DD	YYYY	29	91	789
MM	DD	YYYY												
29	91	789												
MM	DD	YYYY												
29	91	789												
7. Total Disbursements (from Line 30)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>20</td><td>71</td><td>895</td></tr></table>	MM	DD	YYYY	20	71	895	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>20</td><td>71</td><td>895</td></tr></table>	MM	DD	YYYY	20	71	895
MM	DD	YYYY												
20	71	895												
MM	DD	YYYY												
20	71	895												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>99</td><td>18</td><td>94</td></tr></table>	MM	DD	YYYY	99	18	94	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>99</td><td>18</td><td>94</td></tr></table>	MM	DD	YYYY	99	18	94
MM	DD	YYYY												
99	18	94												
MM	DD	YYYY												
99	18	94												
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY										
MM	DD	YYYY												
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td></td><td></td><td></td></tr></table>	MM	DD	YYYY										
MM	DD	YYYY												

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

29030122389

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name **International Brotherhood of Boilermakers, Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

Report Covering the Period: From: **01 / 01 / 2009** To: **06 / 30 / 2009**

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)).....▶

(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)

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)).....▶

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

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1 5 2 1 7 7 9

1 5 2 1 7 7 9

29030122390

**DETAILED SUMMARY PAGE
of Disbursements**

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))	1 7 7 1 8 9 5	1 7 7 1 8 9 5
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3 0 0 0 0 0	3 0 0 0 0 0
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		
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 0 0 7 1 8 9 5	2 0 7 1 8 9 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2 0 7 1 8 9 5	2 0 7 1 8 9 5

29030122391

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)	1 5 2 1 7 7 9	1 5 2 1 7 7 9
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 5 2 1 7 7 9	1 5 2 1 7 7 9
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 7 7 1 8 9 5	1 7 7 1 8 9 5
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 7 7 1 8 9 5	1 7 7 1 8 9 5

29030122392

**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 4

<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

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) **International Brotherhood of Boilermakers,
Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

Full Name (Last, First, Middle Initial)

A.
Hildebrandt, Ann
 Mailing Address
65 Cadillac Square, Suite 2610
 City **Detroit** State **MI** Zip Code **48226**
 Purpose of Disbursement
Professional Fees: Legal
 Candidate Name
N/A
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) **Legal Fees**
 State: _____ District: _____

Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

222120

001
Category/
Type

B.
Hildebrandt, Ann
 Mailing Address
65 Cadillac Square, Suite 2610
 City **Detroit** State **MI** Zip Code **48226**
 Purpose of Disbursement
Professional Fees: Legal
 Candidate Name
N/A
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) **Legal Fees**
 State: _____ District: _____

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

8159

001
Category/
Type

C.
Roll call, Inc
 Mailing Address
50 F Street NW FL 7
 City **Washington** State **D.C.** Zip Code **20077-0102**
 Purpose of Disbursement
Directories
 Candidate Name
N/A
 Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) **Directories**
 State: _____ District: _____

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

18900

001
Category/
Type

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

49111

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

49111

29030122393

**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 4				
	<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

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NAME OF COMMITTEE (In Full) **International Brotherhood of Boilermakers, Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

29030122394

A. Full Name (Last, First, Middle Initial) Fajardo, Donald M.			Date of Disbursement MM / DD / YYYY 03 / 30 / 2009		
Mailing Address 1960 Vine			Amount of Each Disbursement this Period 188984		
City St. Clair Shores	State MI	Zip Code 48079			
Purpose of Disbursement Travel Expense			Category/Type 002		
Reimbursement: Hotel, Meals, Airfare					
Candidate Name N/A					
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 checked="" type="checkbox"/> Other (specify) Washington D.C. Leap Conf				
State: MI	District:				

B. Full Name (Last, First, Middle Initial) Lynch, Grant G.			Date of Disbursement MM / DD / YYYY 03 / 30 / 2009		
Mailing Address 5484 Cranberry Lake Road S			Amount of Each Disbursement this Period 188414		
City Prescott	State MI	Zip Code 48756			
Purpose of Disbursement Travel Expense			Category/Type 002		
Reimbursement: Hotels, Meals, Airfare					
Candidate Name N/A					
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 checked="" type="checkbox"/> Other (specify) Washington D.C. Leap Conf.				
State: MI	District:				

C. Full Name (Last, First, Middle Initial) Hutsell, Robert D.			Date of Disbursement MM / DD / YYYY 03 / 30 / 2009		
Mailing Address 3336 Gertrude			Amount of Each Disbursement this Period 274798		
City Dearborn	State MI	Zip Code 48124			
Purpose of Disbursement Travel Expense			Category/Type 002		
Reimbursement: Hotels, Meals, Airfare					
Candidate Name N/A					
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 checked="" type="checkbox"/> Other (specify) Washington D.C. Leap Conf.				
State: MI	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	652196
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 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) **International Brotherhood of Boilermakers,
Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

Full Name (Last, First, Middle Initial)

A.

Calouette, James

Mailing Address
10154 Hyw. M-35

City Gladstone State MI Zip Code 49837

Purpose of Disbursement Travel Expense
Reimbursement; Hotels, Meals, Airfare

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) Washington D.C. Leap Conf.

State: MI District: _____

Date of Disbursement

MM	DD	YYYY
03	30	2009

Amount of Each Disbursement this Period

2	6	3	6	2	1
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0	0	2
---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Wilkie-Jones, Chanol E.

Mailing Address
1828 Cedar Street

City North Muskegon State MI Zip Code 49445

Purpose of Disbursement Travel Reimbursements
Expenses; Hotels, Meals, Airfare

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) Washington D.C. Leap Conf.

State: MI District: _____

Date of Disbursement

MM	DD	YYYY
03	30	2009

Amount of Each Disbursement this Period

3	1	6	6	6	7
---	---	---	---	---	---

0	0	2
---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Wicklund, Jason B.

Mailing Address
7804 Swede 13th Road

City _____ State MI Zip Code 48611

Purpose of Disbursement Travel Expense
Reimbursements: Hotels, Meals, Airfare

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify) Washington D.C. Leap Conf

State: MI District: _____

Date of Disbursement

MM	DD	YYYY
03	30	2009

Amount of Each Disbursement this Period

1	9	2	0	5	7
---	---	---	---	---	---

0	0	2
---	---	---

Category/
Type

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

7	7	2	3	4	5
---	---	---	---	---	---

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

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2903012395

**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 4				
	<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

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NAME OF COMMITTEE (In Full) **International Brotherhood of Boilermakers, Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

Full Name (Last, First, Middle Initial) A. Card, Michael D.		Date of Disbursement MM / DD / YYYY 03 / 30 / 2009	
Mailing Address 4668 Meadow Court		Amount of Each Disbursement this Period 270975	
City Auburn	State MI		
Purpose of Disbursement Travel Expense		Category/ Type 002	
Reimbursements: Hotels, Meals, Airfare			
Candidate Name		Amount of Each Disbursement this Period	
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 checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period	
State: MI	District: Washington D.C. Leap Conf.	Amount of Each Disbursement this Period	

Full Name (Last, First, Middle Initial) B. Bank Charges		Date of Disbursement MM / DD / YYYY 05 / 15 / 2009	
Mailing Address		Amount of Each Disbursement this Period 27268	
City	State		
Purpose of Disbursement		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 checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period	
State:	District: Bank Charges	Amount of Each Disbursement this Period	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		
Purpose of Disbursement		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) ▼	Amount of Each Disbursement this Period	
State:	District:	Amount of Each Disbursement this Period	

SUBTOTAL of Disbursements This Page (optional).....	298245
TOTAL This Period (last page this line number only).....	1771895

29030122396

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

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NAME OF COMMITTEE (In Full) **International Brotherhood of Boilermakers,
Blacksmiths, Forgers & Helpers of America Local 169 Boilermakers PAC**

Full Name (Last, First, Middle Initial) A. Levin, Sander		Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
Mailing Address P.O. Box 1092		Amount of Each Disbursement this Period 1 0 0 0 0 0

City Warren	State MI	Zip Code 48090	Category/ Type 0 1 1
Purpose of Disbursement Travel Reimbursements Reimbursements: Hotels, Meals, Airfare			
Candidate Name Sander Levin Campaign Contribution		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Schauer, Mark		Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period 2 0 0 0 0 0

City Battle Creek	State MI	Zip Code 49016	Category/ Type 0 1 1
Purpose of Disbursement Mark Schauer Campaign Contribution			
Candidate Name Mark Schauer Campaign Contribution		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 7		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period

City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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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

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