

**FEC
FORM 3X**

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

RECEIVED
2012 APR 16 PM 12:12
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 FEB 19 MAIL CENTER

ADDRESS (number and street)

C00322784
ERIC OSBORN
UNITED ASSOC LOCAL 50 PLUMBERS
& STEAMFITTERS POLITICAL ACTION FUND
7570 CAPLE BLVD SUITE A
NORTHWOOD OH 43619-1084

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 2 2 7 8 4

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- 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

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY through 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 ERIC OSBORN

Signature of Treasurer

Eric Osborn

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.

Office Use Only

FEC FORM 3X
Rev. 12/2004

12030781489

**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: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="294086"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294086"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="343817"/>	<input type="text" value="343817"/>
(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="637903"/>	<input type="text" value="637903"/>
7. Total Disbursements (from Line 31)	<input type="text" value="281500"/>	<input type="text" value="281500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="356403"/>	<input type="text" value="356403"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	

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

12030781490

**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))

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

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)) ..

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

1 000 00

1 815 00

2 815 00

1 000 00

1 815 00

2 815 00

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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 4 3 8 1 7	3 4 3 8 1 7
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3 4 3 8 1 7	3 4 3 8 1 7
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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**SCHEDULE 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

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)

FEDERAL CANDIDATES

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

ANGELA ZIMMANN FOR CONGRESS

0 1 / 1 9 / 2 0 1 2

Mailing Address

PO BOX 905

City

State

Zip Code

BOWLING GREEN OH 43402

Purpose of Disbursement

POLL CONTRL OHIO FIFTH CONGRESSIONAL DISTRICT

Candidate Name

0 1 1

Category/
Type

Amount of Each Disbursement this Period

1,000.00

ANGELA ZIMMANN

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

1,000.00

12030781495

**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 type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 01 / 18 / 2012	
Mailing Address 2536 MEADOWWOOD DR KAREN POORE, TREASURER		Amount of Each Disbursement this Period 1,000.00	
City	State		Zip Code
TOLEDO OH 43606			
Purpose of Disbursement POLI CONTRI LUCAS COUNTY TREASURER			Category/ Type
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. WICKS FOR WOOD COUNTY		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012	
Mailing Address 168 S MAIN ST LAURA WICKS, TREASURER		Amount of Each Disbursement this Period 1,000.00	
City	State		Zip Code
BOWLING GREEN OH 43402			
Purpose of Disbursement POLI CONTRI OHIO HOUSE OF REPRESENTATIVES			Category/ Type
Candidate Name KELLY WICKS			
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. CITIZENS WITH STEEL		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012	
Mailing Address 6144 ROLLAND DR KAREN POORE, TREASURER		Amount of Each Disbursement this Period 1,000.00	
City	State		Zip Code
TOLEDO OH 43612			
Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL AT-LARGE			Category/ Type
Candidate Name STEVE STEEL			
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)▶	3,000.00
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 4
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input checked="" type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT ANITA LOPEZ		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 1817 MADISON AVE MADELINE VALLEJO-WELCH, TREASURER City State Zip Code TOLEDO OH 43604		Amount of Each Disbursement this Period 1,200.00
Purpose of Disbursement POLI CONTRI LUCAS COUNTY AUDITOR	Category/Type	
Candidate Name ANITA LOPEZ		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. J. BERNIE QUILTER ELECTION COMMITTEE		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 1557 LEBANON ST CLAUDE MONTGOMERY, TREASURER City State Zip Code TOLEDO OH 43605		Amount of Each Disbursement this Period 1,200.00
Purpose of Disbursement POLI CONTRI LUCAS COUNTY CLERK OF COURTS	Category/Type	
Candidate Name J. BERNIE QUILTER		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DEFIANCE COUNTY DEMOCRATIC PARTY		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012
Mailing Address 909 DAVIDSON ST C/O TIM HOLTSBERRY City State Zip Code DEFIANCE OH 43512		Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3,400.00
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 4	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. PHIL COPELAND CAMPAIGN		Date of Disbursement MM / DD / YYYY 01 / 18 / 2012	
Mailing Address 6144 ROLLAND DR KAREN POORE, TREASURER		Amount of Each Disbursement this Period 250.00	
City	State		Zip Code
TOLEDO OH 43612			
Purpose of Disbursement POLL CONTRI LUCAS COUNTY RECORDER			Category/Type
Candidate Name PHIL COPELAND			
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. CITIZENS FOR BUNCK		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012	
Mailing Address 3220 NORTH REACH DRIVE LILA SHOUSER, TREASURER		Amount of Each Disbursement this Period 500.00	
City	State		Zip Code
OREGON OH 43616			
Purpose of Disbursement POLI CONTRI OHIO STATE REPRESENTATIVE, DISTRICT 47			Category/Type
Candidate Name JEFF BUNCK			
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. LUCAS COUNTY DEMOCRATIC PARTY		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012	
Mailing Address 1817 MADISON AVE KAREN POORE, TREASURER		Amount of Each Disbursement this Period 150.00	
City	State		Zip Code
TOLEDO OH 43604			
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).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

12030781498

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

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NAME OF COMMITTEE (In Full) UNITED ASSOC., LOCAL 50 PLBRS & STMFTRS, POLITICAL ACTION FUND	NON-FEDERAL CANDIDATES
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12030781499

Full Name (Last, First, Middle Initial) A. FRIENDS OF SKELDON WOZNAK		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 1817 MADISON AVE JESSICA FORD, TREASURER City State Zip Code TOLEDO OH 43604		Amount of Each Disbursement this Period 1 0 0 0 0
Purpose of Disbursement POLL CONTRI LUCAS COUNTY COMMISSIONER	Candidate Name TINA SKELDON WOZNAK	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MONROE COUNTY DEMOCRATIC PARTY		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 106 W FRONT ST STE 101 City State Zip Code MONROE MI 48161		Amount of Each Disbursement this Period 1 7 5 0 0
Purpose of Disbursement POLITICAL CONTRIBUTION	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	2 7 5 0 0
TOTAL This Period (last page this line number only).....▶	1 8 1 5 0 0

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
4/10/12

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

4/16/12

DATE PREPARED

12030781500