

**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

UA PROGRESSIVE ACTION

ADDRESS (number and street)

1896 Baldrige Road

☐Check if different  
than previously  
reported. (ACC)

Upper Arlington

OH

43221

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00403741

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

10

01

2008

through

11

24

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

James Fronk

Signature of Treasurer

Electronically Filed by James Fronk

Date

11

03

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

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name  
UA PROGRESSIVE ACTION

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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 <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2</div><div>0</div><div>0</div><div>8</div></div>		<div><div>8</div><div>6</div><div>1</div><div>8</div><div>.</div><div>3</div><div>6</div></div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div><div>1</div><div>5</div><div>3</div><div>4</div><div>.</div><div>7</div><div>1</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div>1</div><div>3</div><div>5</div><div>0</div><div>.</div><div>6</div><div>3</div></div>	<div><div>4</div><div>0</div><div>1</div><div>5</div><div>.</div><div>9</div><div>5</div></div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div><div>2</div><div>8</div><div>8</div><div>5</div><div>.</div><div>1</div><div>0</div></div>	<div><div>4</div><div>8</div><div>7</div><div>7</div><div>.</div><div>7</div><div>2</div></div>
7. Total Disbursements (from Line 31) .....	<div><div>2</div><div>0</div><div>9</div><div>8</div><div>.</div><div>3</div><div>4</div></div>	<div><div>4</div><div>0</div><div>9</div><div>1</div><div>.</div><div>0</div><div>3</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div>7</div><div>8</div><div>6</div><div>.</div><div>7</div><div>5</div><div>7</div></div>	<div><div>7</div><div>8</div><div>6</div><div>.</div><div>7</div><div>5</div><div>7</div></div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div>0</div><div>.</div><div>0</div><div>0</div></div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div>0</div><div>.</div><div>0</div><div>0</div></div>	

☐ 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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

UA PROGRESSIVE ACTION

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

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		
(i) Itemized (use Schedule A) .....	2037.00	5258.76
(ii) Unitemized .....	11469.30	34465.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13506.30	39724.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	435.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13506.30	40159.56
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	13506.30	40159.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13506.30	40159.56

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	18483.44	38410.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	18483.44	38410.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	750.00	750.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
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.....	1750.00	1750.00	
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))..	20983.44	40910.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20983.44	40910.35	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 15

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) .....	13506.30	40159.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13506.30	40159.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18483.44	38410.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18483.44	38410.35

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 15

☒ 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)

UA PROGRESSIVE ACTION

**A.**

Full Name (Last, First, Middle Initial)  
RONALD GUISENGER

Mailing Address 1860 BLUFF AVE

City State Zip Code  
COLUMBUS OH 43212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BENEFACORS COUNSEL LLC

Occupation  
HUMAN RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period

340.00

**B.**

Full Name (Last, First, Middle Initial)  
RONALD GUISENGER

Mailing Address 1860 BLUFF AVE

City State Zip Code  
COLUMBUS OH 43212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BENEFACORS COUNSEL LLC

Occupation  
HUMAN RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4954

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHRYN HAMER

Mailing Address 160 LONGFELLOW AVE

City State Zip Code  
WORTHINGTON OH 43085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4884

Amount of Each Receipt this Period

300.00

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

865.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UA PROGRESSIVE ACTION

**A.**

Full Name (Last, First, Middle Initial)  
LAURA KUYKENDALL

Mailing Address 1580 GUILFORD RD

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VORYS, SATER, SEYMOUR &  
PEASE

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4997

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
KAREN LONGANBACH

Mailing Address 1054 AUTUMN MEADOWS DR

City State Zip Code  
WESTERVILLE OH 43081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
JODY MCRAINEY

Mailing Address 2595 MT HOLYOKE

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL CHURCH RESIDENCES

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4891

Amount of Each Receipt this Period

18.00

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

328.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UA PROGRESSIVE ACTION

**A.**

Full Name (Last, First, Middle Initial)

JODY MCRAINEY

Mailing Address 2595 MT HOLYOKE

City

UPPER ARLINGTON

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL CHURCH RESIDENCES

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4940

Amount of Each Receipt this Period

44.00

**B.**

Full Name (Last, First, Middle Initial)

SHERYL WILLIAMS

Mailing Address 658 BUGLE CT

City

GAHANNA

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN YOST

Mailing Address 2759 PLYMOUTH AVE

City

COLUMBUS

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: SA11AI.4856

Amount of Each Receipt this Period

150.00

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

594.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UA PROGRESSIVE ACTION

**A.**

Full Name (Last, First, Middle Initial)

SUSAN YOST

Mailing Address 2759 PLYMOUTH AVE

City

COLUMBUS

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.4938

Amount of Each Receipt this Period

250.00

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

250.00

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

2037.00

# **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)

PAGE 10 / 15

<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)  
UA PROGRESSIVE ACTION

<b>A.</b> Full Name (Last, First, Middle Initial) ARLINGTON BANQUETS	<b>Transaction ID:</b> SB21B.4838 <b>Date of Disbursement</b>																				
Mailing Address 1960 W HENDERSON RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	8												
City UPPER ARLINGTON State OH Zip Code 43220	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td>2</td><td>5</td><td>6</td><td>2</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	6	2	.	0	0													
2	5	6	2	.	0	0															
Candidate Name	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>B.</b> Full Name (Last, First, Middle Initial) MELISSA HEDDEN	<b>Transaction ID:</b> SB21B.4834 <b>Date of Disbursement</b>																				
Mailing Address 2491 LANE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	8												
City UPPER ARLINGTON State OH Zip Code 43220	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement EVENT EXPENSE	<table border="1"> <tr> <td>3</td><td>8</td><td>4</td><td>3</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	8	4	3	.	0	0													
3	8	4	3	.	0	0															
Candidate Name	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>C.</b> Full Name (Last, First, Middle Initial) MELISSA HEDDEN	<b>Transaction ID:</b> SB21B.4835 <b>Date of Disbursement</b>																				
Mailing Address 2491 LANE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	8												
City UPPER ARLINGTON State OH Zip Code 43220	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>1</td><td>6</td><td>7</td><td>.</td><td>2</td><td>4</td> </tr> </table>	1	6	7	.	2	4														
1	6	7	.	2	4																
Candidate Name	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) ▼																				

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

**6572.24**

**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)

PAGE 11 / 15

<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)  
 UA PROGRESSIVE ACTION

<b>A.</b> Full Name (Last, First, Middle Initial) PAULS CATERING <hr/> Mailing Address 1565 W 5TH AVE <hr/> City COLUMBUS State OH Zip Code 43212 <hr/> Purpose of Disbursement CATERING Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.4840 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 2 5 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">280.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) PAYPAL <hr/> Mailing Address PAYPAL.COM <hr/> City State Zip Code <hr/> Purpose of Disbursement SERVICE FEE Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.5091 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 0 2 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">30.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PAYPAL <hr/> Mailing Address PAYPAL.COM <hr/> City State Zip Code <hr/> Purpose of Disbursement SERVICE FEE Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.5093 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 1 1 / 2 0 0 8</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">17.56</div>

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

**327.56**

**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)

PAGE 12 / 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 UA PROGRESSIVE ACTION

<b>A.</b> Full Name (Last, First, Middle Initial) PAYPAL	<b>Transaction ID:</b> SB21B.5092 <b>Date of Disbursement</b>
Mailing Address PAYPAL.COM	<div> <div><sup>M</sup>1</div> <div><sup>M</sup></div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>5</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City State Zip Code	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement SERVICE FEE	<div>15.22</div>
Candidate Name	<div>Category/ Type</div>
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>B.</b> Full Name (Last, First, Middle Initial) KRISTINA ROJAS	<b>Transaction ID:</b> SB21B.4836 <b>Date of Disbursement</b>
Mailing Address 2330 HAVERFORD RD	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>9</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City State Zip Code COLUMBUS OH 43220	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING	<div>439.25</div>
Candidate Name	<div>Category/ Type</div>
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>C.</b> Full Name (Last, First, Middle Initial) JODY SCARBROUGH	<b>Transaction ID:</b> SB21B.4842 <b>Date of Disbursement</b>
Mailing Address 2790 ALLISTON CT	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>0</div> <div>/</div> <div><sup>D</sup>2</div> <div><sup>D</sup>5</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>8</div> </div>
City State Zip Code UPPER ARLINGTON OH 43220	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEPHONE SERVICE	<div>100.71</div>
Candidate Name	<div>Category/ Type</div>
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) ▼

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

555.18

**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)

PAGE 13 / 15

<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)  
UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)  
LAURA SCHWARTZ

Mailing Address 2485 UPPER CHELSEA RD

City UPPER ARLINGTON State OH Zip Code 43221

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4831

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

709.69

B.

Full Name (Last, First, Middle Initial)  
LAURA SCHWARTZ

Mailing Address 2485 UPPER CHELSEA RD

City UPPER ARLINGTON State OH Zip Code 43221

Purpose of Disbursement  
Campaign Material

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5107

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

9668.77

C.

Full Name (Last, First, Middle Initial)  
WVKO

Mailing Address 74 S 4TH ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
AD

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4832

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

650.00

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

11028.46

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

18483.44

# **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 14 / 15

<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)

UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)

KILROY FOR CONGRESS

Mailing Address 550 East Walnut Street  
Ste 305

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.4843

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

750.00

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

750.00

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

750.00

# **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)

PAGE 15 / 15

<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)

UA PROGRESSIVE ACTION

A.

Full Name (Last, First, Middle Initial)

BLUE FOR SENATE COMMITTEE

Mailing Address 471 E BROAD ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4846

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2008

Amount of Each Disbursement this Period

1750.00

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

1750.00

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

1750.00