



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS 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="2015"/>	<input type="text" value="16006.99"/>	<input type="text" value="16006.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18504.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19109.28"/>	<input type="text" value="37116.57"/>
(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="37613.56"/>	<input type="text" value="53123.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36357.00"/>	<input type="text" value="51867.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1256.56"/>	<input type="text" value="1256.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

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).....	19109.28	37116.57
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19109.28	37116.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19109.28	37116.57
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 Transfers (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))..... ▶	19109.28	37116.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19109.28	37116.57

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	36357.00	51867.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	36357.00	51867.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36357.00	51867.00

**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) .....	19109.28	37116.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19109.28	37116.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

**A. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20858.93

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11AI.4510**  
 Amount of Each Receipt this Period  
 2851.64  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

**B. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 23712.82

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : SA11AI.4511**  
 Amount of Each Receipt this Period  
 2853.89  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

**C. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 26861.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : SA11AI.4512**  
 Amount of Each Receipt this Period  
 3149.07  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8854.60  
**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 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

**A. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30110.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11AI.4513**  
 Amount of Each Receipt this Period  
 3248.81  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

**B. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 33674.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015  
**Transaction ID : SA11AI.4514**  
 Amount of Each Receipt this Period  
 3564.28  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

**C. CONTRIBUTIONS VOLUNTARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 37116.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : SA11AI.4515**  
 Amount of Each Receipt this Period  
 3441.59  
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10254.68
<b>TOTAL</b> This Period (last page this line number only).....▶	19109.28

**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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CHERRY FOR COUNCIL**

Mailing Address KAREN POORE, TREASURER  
6144 ROLLAND DRIVE

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

**MATT CHERRY**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4537**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHERRY FOR COUNCIL**

Mailing Address KAREN POORE, TREASURER  
6144 ROLLAND DRIVE

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4568**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR ASHFORD**

Mailing Address 2910 COLLINGWOOD  
CO-CHAIR WELDON DOUTHITT

City TOLEDO State OH Zip Code 43610

Purpose of Disbursement  
POLI CONTRI OH ST REP, DISTRICT 44

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4576**

Amount of Each Disbursement this Period

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR BROWN**

Mailing Address 2352 HOMESTEAD DRIVE  
JOHN F. KEVERN, TREASURER

City PERRYSBURG State OH Zip Code 43551

Purpose of Disbursement  
POLI CONTRI OH ST REP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4570**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR JOHN P BOELLNER**

Mailing Address HAL SIMON, TREASURER  
220 1/2 DUDLEY

City MAUMEE State OH Zip Code 43537

Purpose of Disbursement  
POLI CONTRI MAUMEE CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4564**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR JOSHUA HUGHES**

Mailing Address 3220 NORTH REACH DRIVE  
LILA SHOUSER, TREASURER

City OREGON State OH Zip Code 43616

Purpose of Disbursement  
POLI CONTRI OREGON CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4557**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR LAHOTE**

Mailing Address JOHN F KEVERN, TREASURER  
2352 HOMESTEAD DRIVE

City PERRYSBURG State OH Zip Code 43551

Purpose of Disbursement  
POLI CONTRI WOOD COUNTY COMMISSIONER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4588**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR MARK LUETKE**

Mailing Address SANDY LUETKE, TREASUER  
4327 TODD DRIVE

City SYLVANIA State OH Zip Code 43560

Purpose of Disbursement  
POLI CONTRI SYLVANIA CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4566**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR TAVARES**

Mailing Address KEDADA BETHEL, TREASURER  
1003 CLOVERLY DRIVE

City GAHANNA State OH Zip Code 43230

Purpose of Disbursement  
POLI CONTRI ASSISTANT LEADER SENATOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4583**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CITIZENS WITH FEDOR COMMITTEE**

Mailing Address 3220 N REACH DRIVE  
LILA SHOUSER, TREASURER

City OREGON State OH Zip Code 43616

Purpose of Disbursement  
POLI CONTRI OH STATE REP, DISTRICT 45

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : SB29.4555

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS WITH STEEL**

Mailing Address 6144 ROLLAND DR  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB29.4560

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS WITH STEEL**

Mailing Address 6144 ROLLAND DR  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB29.4592

Amount of Each Disbursement this Period

5000.00

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

6250.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CITIZENS WITH UJVAGI**

Mailing Address 124 PAINE AVE

City TOLEDO State OH Zip Code 43605

Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL, DISTRICT 3

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB29.4562**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT PERRY LEFEVRE**

Mailing Address 707 OGDEN AVENUE  
VICKI BOLYARD, TREASURER

City TOLEDO State OH Zip Code 43609

Purpose of Disbursement POLI CONTRI TOLEDO PUBLIC SHCOOLS BOARD OF EDUCATION

Candidate Name

**PERRY LEFEVRE**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB29.4524**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DR CECELIA M ADAMS CAMPAIGN COMMITTEE**

Mailing Address DENISE A ONYIA, TREASURER  
2544 W VILLAGE DR

City TOLEDO State OH Zip Code 43614

Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : **SB29.4545**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. DR CECELIA M ADAMS CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Mailing Address DENISE A ONYIA, TREASURER  
2544 W VILLAGE DR

**Transaction ID : SB29.4577**

City TOLEDO State OH Zip Code 43614

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EDNA BROWN CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Mailing Address 2461 WARREN ST  
JOHNNY HUTTON, TREASURER

**Transaction ID : SB29.4585**

City TOLEDO State OH Zip Code 43620

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
POLI CONTRI SENATE MINORITY WHIP SENATOR

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. ELECT PETE GERKEN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Mailing Address 3445 RIVER ROAD

**Transaction ID : SB29.4558**

City TOLEDO State OH Zip Code 43614

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

1850.00
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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)

<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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS AND NEIGHBORS OF LINDSAY WEBB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2015

Mailing Address 3166 N REPUBLIC BLVD  
THOMAS JAFFEE, TREASURER

**Transaction ID : SB29.4523**

City TOLEDO State OH Zip Code 43615

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

--

Candidate Name

**LINDSAY WEBB**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FRIENDS AND NEIGHBORS OF LINDSAY WEBB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

Mailing Address 3166 N REPUBLIC BLVD  
THOMAS JAFFEE, TREASURER

**Transaction ID : SB29.4573**

City TOLEDO State OH Zip Code 43615

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOEL KUHLMAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2015

Mailing Address 112 E OAK STREET

**Transaction ID : SB29.4591**

City BOWLING GREEN State OH Zip Code 43402

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
POLI CONTRI WOOD COUNTY COMMISSIONER

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2650.00
---------

**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)

<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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE SCHIAVONI**

Mailing Address LOU SCHIAVONI, TREASURER  
87 WESTCHESTER DR

City AUSTINTOWN State OH Zip Code 44515

Purpose of Disbursement  
POLI CONTRI SENATE MINORITY LEADER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB29.4581

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KELLY WICKS**

Mailing Address LAURA WICKS, TREASURER  
1225 BUTTONWWOD DRIVE

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement  
POLI CONTRI BOWLING GREEN MAYOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2015

Transaction ID : SB29.4549

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOU GENTILE**

Mailing Address BRANDON K REESE, TREASURER  
500 LURAY DRIVE

City WINTERSVILLE State OH Zip Code 43953

Purpose of Disbursement  
POLI CONTRI ASSISTANT MINORITY WHIP SENATOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2015

Transaction ID : SB29.4587

Amount of Each Disbursement this Period

500.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF STEPHANIE EICHENBERG**

Mailing Address DREW STILES, TREASURER  
2047 SHERWOOD AVE

City TOLEDO State OH Zip Code 43614

Purpose of Disbursement  
POLI CONTRI TOLEDO SCHOOL BOARD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.4517**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. J. BERNIE QUILTER ELECTION COMMITTEE**

Mailing Address 1557 LEBANON ST  
CLAUDE MONTGOMERY, TREASURER

City TOLEDO State OH Zip Code 43605

Purpose of Disbursement  
POLI CONTRI LUCAS COUNTY CLERK OF COURTS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.4590**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LUCAS COUNTY DEMOCRATIC PARTY**

Mailing Address 1817 MADISON AVE  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.4529**

Amount of Each Disbursement this Period

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. LUCAS COUNTY DEMOCRATIC PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

Mailing Address 1817 MADISON AVE  
KAREN POORE, TREASURER

**Transaction ID : SB29.4578**

City TOLEDO State OH Zip Code 43604

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. LUCAS COUNTY YOUNG DEMOCRATS -**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

Mailing Address 1817 MADISON AVENUE  
CARRIE RUSSELL, TREASURER

**Transaction ID : SB29.4541**

City TOLEDO State OH Zip Code 43604

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. OREGON DEMOCRATIC CLUB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2015

Mailing Address 1817 MADISON AVE  
MADELINE VALLEJO-WELCH, TREASURER

**Transaction ID : SB29.4533**

City TOLEDO State OH Zip Code 43604

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1250.00
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**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)

<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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. PHH 4 TOLEDO**

Mailing Address C/O LEQUELLA WORTHY, TREASURER  
PO BOX 9058

City TOLEDO State OH Zip Code 43697

Purpose of Disbursement  
POLI CONTRI TOLEDO MAYOR

Candidate Name

**PAULA HICKS-HUDSON**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4535**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PHH 4 TOLEDO**

Mailing Address C/O LEQUELLA WORTHY, TREASURER  
PO BOX 9058

City TOLEDO State OH Zip Code 43697

Purpose of Disbursement  
POLI CONTRI TOLEDO MAYOR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4579**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RILEY FOR CITY COUNCIL**

Mailing Address 629 SEARLES

City TOLEDO State OH Zip Code 43607

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL, DISTRICT 1

Candidate Name

**TYRONE RILEY**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4528**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. RILEY FOR CITY COUNCIL**

Mailing Address 629 SEARLES

City TOLEDO State OH Zip Code 43607

Purpose of Disbursement POLI CONTRI TOLEDO CITY COUNCIL, DISTRICT 1

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015

Transaction ID : SB29.4561

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. THARP FOR SHERIFF COMMITTEE**

Mailing Address 6144 ROLLAND DRIVE  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement POLI CONTRI LUCAS COUNTY SHERIFF

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2015

Transaction ID : SB29.4556

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. WOOD COUNTY DEMOCRATIC PARTY**

Mailing Address 455 SOUTH MAIN  
PO BOX 707

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2015

Transaction ID : SB29.4548

Amount of Each Disbursement this Period

500.00

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

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

1150.00

34907.00