

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2007 NOV 30 AM 9:09

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

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

N 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)
- ☐ 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 (12S)

Election on

1 2 / 1 1 / 2 0 0 7

in the
State of

O. H.

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

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

Election on

1 2 / 1 1 / 2 0 0 7

in the
State of

O. H.

5. Covering Period

1 0 / 1 8 / 2 0 0 7

through

1 1 / 2 1 / 2 0 0 7

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



Date

1 1 / 2 6 / 2 0 0 7

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

27039570719

**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:

10 / 18 / 2007

To:

11 / 21 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		16 161 18
(b) Cash on Hand at Beginning of Reporting Period	19 453 66	
(c) Total Receipts (from Line 19)	2 623 27	21 175 75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22 076 93	37 336 93
7. Total Disbursements (from Line 31)	3 313 57	18 573 57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18 763 36	18 763 36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

10 / 18 / 2007

To:

11 / 21 / 2007

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)..... **MEMO**

(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)..... ►

2 6 2 3 2 7
2 6 2 3 2 7

4 0 0 0 0 0

2 6 2 3 2 7

2 6 2 3 2 7

2 6 2 3 2 7

2 1 1 7 5 7 5
2 1 1 7 5 7 5

4 0 0 0 0 0

2 1 1 7 5 7 5

2 1 1 7 5 7 5

2 1 1 7 5 7 5

MEMO

27039570721

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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..... MEMO	4,000.00	5,000.00 MEMO
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	3,313.57	1,757.35
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)) ..	3,313.57	1,857.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2 6 2 3 2 7	2 1 1 7 5 7 5
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 6 2 3 2 7	2 1 1 7 5 7 5
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)		

27039570723

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 1 OF 1

☒ 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 PLBRS & STMFTRS, POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. VOLUNTARY CONTRIBUTIONS REC'D VIA

Mailing Address

P/R DEDUCTIONS AGGREGATING LESS THAN

City State Zip Code

\$200.00 PER INDIV. PER CALENDAR YEAR

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM/DD/YYYY
11/14/2007

Amount of Each Receipt this Period

2,623.27

B.

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 ▼

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

C.

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 ▼

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

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

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

2,623.27

27039570724

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)

A. U.A. POLITICAL EDUCATION COMMITTEE

Mailing Address
901 MASSACHUSETTS AVE NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee.
C 0 0 0 1 2 4 7 6

Name of Employer Occupation

Receipt For:

☐ Primary ☒ General OH
☐ Other (specify) ▼ Special
2007

Aggregate Year-to-Date ▼

Date of Receipt

11 / 21 / 2007

Amount of Each Receipt this Period

4 0 0 0 0 0

Earmarked for Robin Weirauch for Congress.
Contribution was passed on in the form of the contributor's original check
"M E M O"

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

4 0 0 0 0 0

27039570725

**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

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

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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. ROBIN WEIRAUCH FOR CONGRESS

Mailing Address
PO BOX 301

1 1 2 1 2 0 0 7

City State Zip Code

NAPOLEON OH 43545

Earmarked by the U.A. Political
Education Committee

Purpose of Disbursement

POLI CONTRI US HOUSE OF REPRES, OH DIST# 5

1 1
Category/
Type

Amount of Each Disbursement this Period

4 0 0 0 0 0

Candidate Name

ROBIN WEIRAUCH

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General OH
☐ Other (specify) ▼ Special
2007

State: OH

District: 5TH

Contribution was passed on in the form
of the contributor's original check.
"M E M O"

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:

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).....▶

4 0 0 0 0 0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

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

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NAME OF COMMITTEE (In Full)

NON-FEDERAL CANDIDATES

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. FULTON COUNTY DEMOCRATIC PARTY

Mailing Address

240 S. FULTON CORAL COLON, TREASURER

City

State

Zip Code

WAUSEON OH 43567

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2 5 0 0 0

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

B. Full Name (Last, First, Middle Initial)

FRIENDS OF SKELDON WOZNAK

Mailing Address

2823 PEMBERTON JENNIFER SORGENFREI, TREASURER

City

State

Zip Code

TOLEDO OH 43606

Purpose of Disbursement

POL CONTRI LUCAS COUNTY COMMISSIONER 2008

Candidate Name

TINA SKELDON WOZNAK

Category/
Type

Amount of Each Disbursement this Period

5 0 0 0 0

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

C. Full Name (Last, First, Middle Initial)

STONER FOR MAYOR

Mailing Address

2415 ROSS ST E.J. HUGHES, JR. TREASURER

City

State

Zip Code

NORTHWOOD OH 43619

Purpose of Disbursement

POL CONTRI MAYOR OF NORTHWOOD

Candidate Name

MARK STONER

Category/
Type

Amount of Each Disbursement this Period

2 0 0 0 0

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).....▶

9 5 0 0 0

27039570727

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 3

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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.		Date of Disbursement	
CITIZENS WITH UJVAGI		M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 124 PAINE AVE			
City	State	Zip Code	
TOLEDO OH	43605		
Purpose of Disbursement POLI CONTRI OHIO HOUSE OF REPRES., DISTRICT # 47		Amount of Each Disbursement this Period	
Candidate Name PETER UJVAGI		3 2 5 0 0	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B.		Date of Disbursement	
CITIZENS WITH FORD		M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1935 SHENANDOAH JACK FORD, TREASURER			
City	State	Zip Code	
TOLEDO OH	43607		
Purpose of Disbursement POLI CONTRI TOLEDO PUBLIC SCHOOL BOARD		Amount of Each Disbursement this Period	
Candidate Name JACK FORD		2 0 0 0 0	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

C.		Date of Disbursement	
BOWLING GREEN DEMOCRATS		M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address PO BOX 707 JOYCE KEPKE, TREASURER			
City	State	Zip Code	
BOWLING GREEN OH	43402-0707		
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period	
Candidate Name		2 0 0 0 0	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

27039570728

**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 3

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☒ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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. CLEAR IMAGES

Date of Disbursement

Mailing Address
121 11TH STREET

11 / 02 / 2007

City TOLEDO OH 43604 State Zip Code

Purpose of Disbursement
INDEPENDENT EXPENDITURE YARD SIGNS FOR L50 MEMBERS

Amount of Each Disbursement this Period

Candidate Name
LISA SOBECKI

Category/
Type

1 6 3 8 5 7

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

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

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

1 6 3 8 5 7

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

3 3 1 3 5 7

27039570729

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.

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

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 11/26/07
---	------------------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
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
---	-------------------------------



PREPARER

(3/2005)

11/30/07

DATE PREPARED

27039570750