

**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="2016"/> | <input type="text" value="1256.56"/> | <input type="text" value="1256.56"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="7738.11"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="17196.54"/> | <input type="text" value="29588.09"/> |
| (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="24934.65"/> | <input type="text" value="30844.65"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="20450.00"/> | <input type="text" value="26360.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="4484.65"/> | <input type="text" value="4484.65"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

Write or Type Committee Name

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

| 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)..... | 17196.54 | 29588.09 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 17196.54 | 29588.09 |
| (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) | 17196.54 | 29588.09 |
| 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))..... ▶ | 17196.54 | 29588.09 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 17196.54 | 29588.09 |

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 | 1000.00 |
| 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 | 20450.00 | 25360.00 |
| 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)) .. | 20450.00 | 26360.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20450.00 | 26360.00 |

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) | 17196.54 | 29588.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 17196.54 | 29588.09 |
| 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 13
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 |

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 ▼
16852.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2016
Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
 4461.39

Memo Item
 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 ▼
22900.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
 6047.88

Memo Item
 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 ▼
29588.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
 6687.27

Memo Item
 REC'D VIA P/R DEDUCTIONS AGGREGATING LESS THAN \$200.00 PER INDIVID. PER CALENDAR YEAR

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 17196.54 |
| TOTAL This Period (last page this line number only).....▶ | 17196.54 |

**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. BRENT STANLEY FOR COMMISSIONER

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Mailing Address **JOE RIFFLE, TREASURER
502 VINE STREET**

Transaction ID : SB29.4642

City **CLYDE** State **OH** Zip Code **43410**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
POLI CONTRI SANDUSKY COUNTY COMMISSIONER

| |
|--|
| |
|--|

Category/
Type

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CHERRY FOR COUNCIL

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Mailing Address **KAREN POORE, TREASURER
6144 ROLLAND DRIVE**

Transaction ID : SB29.4639

City **TOLEDO** State **OH** Zip Code **43612**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
POLI CONTRI CITY COUNCIL

| |
|--|
| |
|--|

Category/
Type

Memo Item

Candidate Name

MATT CHERRY
Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ASHFORD

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Mailing Address **2910 COLLINGWOOD
CO-CHAIR WELDON DOUTHITT**

Transaction ID : SB29.4640

City **TOLEDO** State **OH** Zip Code **43610**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Purpose of Disbursement
POLI CONTRI OH STATE REPRESENTATIVE, DISTRICT 44

| |
|--|
| |
|--|

Category/
Type

Memo Item

Candidate Name

MICHAEL ASHFORD
Office Sought: House
 Senate
 President
State: **OH** District: **44**

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 GARDNER COMMITTEE

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 4 | | 2 | 0 | 1 | 6 |

Mailing Address 431 N PROSPECT STREET
MICHAEL SIBBERSEN, TREASURER

Transaction ID : SB29.4664

City BOWLING GREEN State OH Zip Code 43402

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement POLI CONTRI OHIO STATE SENATOR

| |
|--|
| |
|--|

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CITIZENS WITH FEDOR

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Mailing Address LISA GROTSKY, TREASURER
1480 DUBLIN ROAD

Transaction ID : SB29.4651

City COLUMBUS State OH Zip Code 43215

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement POLI CONTRI OH STATE REPRESENTATIVE, DISTRICT 45

| |
|--|
| |
|--|

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: OH District: 45

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT BOWMAN-ENGLISH

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Mailing Address 6144 ROLLAND
KAREN POORE, TREASURER

Transaction ID : SB29.4657

City TOLEDO State OH Zip Code 43612

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Purpose of Disbursement POLI CONTRI TOLEDO MUNICIPAL CLERK OF COURT

| |
|--|
| |
|--|

Category/Type

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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. COMMITTEE TO ELECT GWEN HOWE-GEBERS

Mailing Address JACOB FREPPEL, TREASURER
831 MAPLE STREET

City NAPOLEON State OH Zip Code 43545

Purpose of Disbursement
POLI CONTRI HENRY COUNTY PROSECUTOR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4648

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT PAUL PIRRONE

Mailing Address 2652 WEST TEMPERANCE RD

City TEMPERANCE State MI Zip Code 48182

Purpose of Disbursement
POLI CONTRI SUPERVISOR OF BEDFORD TOWNSHIP

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4644

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC WOMEN IN ACTION

Mailing Address DEADRA GRACE, TREASURER
3315 BEAUMONT DRIVE

City TOLEDO State OH Zip Code 43608

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 : SB29.4669

Amount of Each Disbursement this Period

Memo Item

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. ELECT PETE GERKEN COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 11 | | 2016 |

Mailing Address 3445 RIVER ROAD

Transaction ID : SB29.4653

City TOLEDO State OH Zip Code 43614

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement POLI CONTRI LUCAS COUNTY COMMISSIONER

| |
|--|
| |
|--|

Candidate Name

PETE GERKEN

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FABER

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 24 | | 2016 |

Mailing Address 7706 STATE ROUTE 703
DALE SCHWIETERMAN, TREASURER

Transaction ID : SB29.4662

City CELINA State OH Zip Code 45822

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement POLI CONTRI OHIO STATE SENATOR

| |
|--|
| |
|--|

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF NAVARRE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 23 | | 2016 |

Mailing Address KAREN POORE, TREASURER
6144 ROLLAND ROAD

Transaction ID : SB29.4666

City TOLEDO State OH Zip Code 43612

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement POLI CONTRI LUCAS COUNTY COURT OF COMMON PLEAS JUDGE

| |
|--|
| |
|--|

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

| |
|---------|
| 2500.00 |
|---------|

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. JUDGE O'DONNELL FOR JUSTICE

Mailing Address ERIN R. O'MALLEY, TREASURER
340 EAST FULTON STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
POLI CONTRI OHIO SUPREME COURT JUDGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4647**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : **SB29.4656**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.4641**

Amount of Each Disbursement this Period

Memo Item

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 |

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

Full Name (Last, First, Middle Initial)

A. PHIL COPELAND CAMPAIGN COMMITTEE

Mailing Address CHRIS FELDER, TREASURER
2757 LUVERNE AVE

City OREGON State OH Zip Code 43616

Purpose of Disbursement POLI CONTRI LUCAS COUNTY RECORDER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : SB29.4658

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM BURKE

Mailing Address 275 WEST 4TH STREET
MICHAEL ROSE, TREASURER

City MARYSVILLE State OH Zip Code 43040

Purpose of Disbursement POLI CONTRI OHIO STATE SENATOR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : SB29.4661

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

JOHN THARP

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : SB29.4638

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2750.00

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. THE COMMITTEE TO ELECT CLIFF HITE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2016 |

Mailing Address 2417 WESTMOOR ROAD
CHAR JOHANNIGMAN, TREASURER

Transaction ID : SB29.4667

City Findlay State OH Zip Code 45840

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement
POLI CONTRI OHIO STATE SENATOR

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

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

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

Candidate Name

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

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

Candidate Name

Memo Item

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)..... ▶

| |
|---------|
| 1500.00 |
|---------|

| |
|----------|
| 20000.00 |
|----------|