

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

PLUMBERS PIPEFITTERS &amp; M E S LOCAL UNION 392 PAC

ADDRESS (number and street) ▼

1228 CENTRAL PARKWAY

☐ Check if different than previously reported. (ACC)

CINCINNATI

OH

45210

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00242024

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

01

01

2013

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2013

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 Alan Windgassen

Signature of Treasurer

Alan Windgassen

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

24

2013

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)

Page 2

Write or Type Committee Name

PLUMBERS PIPEFITTERS &amp; M E S LOCAL UNION 392 PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

|                                                                                                                                                                               | COLUMN A<br>This Period                                               | COLUMN B<br>Calendar Year-to-Date                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2013</span> |                                                                       | <span style="border: 1px solid black; padding: 2px;">79785.47</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">79785.47</span>  |                                                                       |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">91528.90</span>  | <span style="border: 1px solid black; padding: 2px;">91528.90</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">171314.37</span> | <span style="border: 1px solid black; padding: 2px;">171314.37</span> |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                   | <span style="border: 1px solid black; padding: 2px;">91873.12</span>  | <span style="border: 1px solid black; padding: 2px;">91873.12</span>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                     | <span style="border: 1px solid black; padding: 2px;">79441.25</span>  | <span style="border: 1px solid black; padding: 2px;">79441.25</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |

☒ 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

PLUMBERS PIPEFITTERS &amp; M E S LOCAL UNION 392 PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 01 2013

To:

 M M / D D / Y Y Y Y Y  
 06 30 2013
**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).....

0.00

0.00

(ii) Unitemized .....

91524.32

91524.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

91524.32

91524.32

(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) .....

91524.32

91524.32

## 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.).....

4.58

4.58

## 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))..... ▶

91528.90

91528.90

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

91528.90

91528.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 842.00                        | 842.00                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 842.00                        | 842.00                            |
| 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 .....                                  | 372.06                        | 372.06                            |
| (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)).....                            | 372.06                        | 372.06                            |
| 29. Other Disbursements .....                                                                  | 90659.06                      | 90659.06                          |
| 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)) ..      | 91873.12                      | 91873.12                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 91873.12                      | 91873.12                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 91524.32                      | 91524.32                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 372.06                        | 372.06                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 91152.26                      | 91152.26                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 842.00                        | 842.00                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 842.00                        | 842.00                            |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XN

Transaction ID :

ALL CONTRIBUTIONS ARE UNITEMIZED FROM PAYROLL DEDUCTIONS AND DO NOT AGGREGATE OVER \$200.00.

Form/Schedule:

Transaction ID:

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC

760.00

760.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 17

|                              |                                         |                              |                              |                             |                              |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 checked="" 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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. J&H Mechanical**

Mailing Address 669 Bauer Road

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Somerville | OH    | 45064    |

Purpose of Disbursement  
Return funds remitted in error

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2013        |

**Transaction ID : SB28A.6217**

Amount of Each Disbursement this Period

|        |
|--------|
| 228.51 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

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

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

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

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|        |
|--------|
| 228.51 |
|--------|

|        |
|--------|
| 228.51 |
|--------|

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Butler County Dem Party**

Mailing Address P O Box 701

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Hamilton | OH    | 45012    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2013        |

**Transaction ID : SB29.6209**

Amount of Each Disbursement this Period

|        |
|--------|
| 350.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Campbell County Democratic Executive Committee**

Mailing Address 3507 Chalk Road

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Melbourne | KY    | 41059    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 26    |   | 2013        |

**Transaction ID : SB29.6228**

Amount of Each Disbursement this Period

|        |
|--------|
| 240.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Citizens for Pepper Committee**Mailing Address 600 Vine Street  
Suite 2800

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45202    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 26    |   | 2013        |

**Transaction ID : SB29.6227**

Amount of Each Disbursement this Period

|          |
|----------|
| 12000.00 |
|----------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 12590.00 |
|----------|

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Thomas Campaign**

Mailing Address 515 Clinton Springs Ave

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45217    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 24    | / | 2013        |

**Transaction ID : SB29.6219**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Citizens for Yvette Simpson**

Mailing Address 2 Garfield Place Ste 300C

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45202    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 24    | / | 2013        |

**Transaction ID : SB29.6220**

Amount of Each Disbursement this Period

|         |
|---------|
| 2700.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Clermont County Democratic Party**

Mailing Address PO Box 475

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Batavia | OH    | 45103    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 18    | / | 2013        |

**Transaction ID : SB29.6218**

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 4200.00 |
|---------|

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Wendall Young**

Mailing Address 735 Clinton Springs Ave

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45229    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 24    |   | 2013      |

**Transaction ID : SB29.6221**

Amount of Each Disbursement this Period

|         |
|---------|
| 2700.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends of Connie Pillich**

Mailing Address 9910 Forestglenn Drive

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45242    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 30    |   | 2013      |

**Transaction ID : SB29.6225**

Amount of Each Disbursement this Period

|          |
|----------|
| 12000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**C. Friends of Richard K. Jones**

Mailing Address 5725 White Birch Lane

|                  |       |          |
|------------------|-------|----------|
| City             | State | Zip Code |
| Liberty Township | OH    | 45044    |

Purpose of Disbursement  
Ad

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 20    |   | 2013      |

**Transaction ID : SB29.6210**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 14950.00 |
|----------|

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Richard K. Jones**

Mailing Address 5725 White Birch Lane

|                  |       |          |
|------------------|-------|----------|
| City             | State | Zip Code |
| Liberty Township | OH    | 45044    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2013        |

**Transaction ID : SB29.6211**

Amount of Each Disbursement this Period

|        |
|--------|
| 520.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Hamilton County Dem Party**

Mailing Address 6109 Webbland Pl

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45213    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 05    |   | 2013        |

**Transaction ID : SB29.6206**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Landsman for Cincinnati**

Mailing Address 5187 Adena Trail

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45230    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 05    |   | 2013        |

**Transaction ID : SB29.6226**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 4020.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Northern Kentucky AFL-CIO Labor Council**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 26    |   | 2013        |

Mailing Address PO Box 305

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Erlanger | KY    | 41018-0305 |

**Transaction ID : SB29.6230**Purpose of Disbursement  
Fundraiser

Amount of Each Disbursement this Period

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|                   |

280.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**B. Quinlivan for Council**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 24    |   | 2013        |

Mailing Address 2828 Erie Ave

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45209    |

**Transaction ID : SB29.6222**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|                   |

2700.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**C. Seelbach for Council**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 24    |   | 2013        |

Mailing Address 1431 Main Street Suite D

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45202    |

**Transaction ID : SB29.6224**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

|                   |
|-------------------|
| Category/<br>Type |
|                   |

2700.00

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                            |                                  |
|-------------------|--------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5680.00

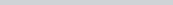
|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

PLUMBERS PIPEFITTERS &amp; M E S LOCAL UNION 392 PAC

Category/  
Type

2700.00

M M / D D / Y Y Y Y  
03 14 2013

Category/  
TypeCategory/  
Type

500.00

3450.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 29    |   | 2013        |

**Transaction ID : SB29.6177**

Amount of Each Disbursement this Period

|         |
|---------|
| 7871.20 |
|---------|

Full Name (Last, First, Middle Initial)

**B. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 26    |   | 2013        |

**Transaction ID : SB29.6179**

Amount of Each Disbursement this Period

|         |
|---------|
| 7849.85 |
|---------|

Full Name (Last, First, Middle Initial)

**C. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 26    |   | 2013        |

**Transaction ID : SB29.6212**

Amount of Each Disbursement this Period

|         |
|---------|
| 6980.72 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|          |
|----------|
| 22701.77 |
|----------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 25    |   | 2013        |

**Transaction ID : SB29.6213**

Amount of Each Disbursement this Period

|         |
|---------|
| 7433.41 |
|---------|

Full Name (Last, First, Middle Initial)

**B. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 28    |   | 2013        |

**Transaction ID : SB29.6214**

Amount of Each Disbursement this Period

|         |
|---------|
| 7061.39 |
|---------|

Full Name (Last, First, Middle Initial)

**C. United Association PEC**

Mailing Address Three Park Place

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Annapolis | MD    | 21401    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2013        |

**Transaction ID : SB29.6215**

Amount of Each Disbursement this Period

|         |
|---------|
| 8222.49 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|          |
|----------|
| 22717.29 |
|----------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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)

**PLUMBERS PIPEFITTERS & M E S LOCAL UNION 392 PAC**

Full Name (Last, First, Middle Initial)

**A. Warren County Democratic Party**

Mailing Address PO Box 705

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lebanon | OH    | 45036    |

Purpose of Disbursement  
Fundraiser

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 20    |   | 2013        |

**Transaction ID : SB29.6181**

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

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

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

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

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|        |
|--------|
| 150.00 |
|--------|

|          |
|----------|
| 90459.06 |
|----------|