

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2019 APR 15 AM 7:52

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Bolembakers Local 85 Federal PAC

ADDRESS (number and street) 319 Glenwood Rd
Check if different than previously reported. (ACC) Rossford OH 43460

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C00118828

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: [X] April 15 Quarterly Report (Q1)
(b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R)
(d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S)

5. Covering Period 01/01/2019 through 03/31/2019

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 TIMOTHY TIMMONS
Signature of Treasurer [Signature] Date 04/11/2019

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

Boulemakers Local 85 Federal PAC

Report Covering the Period: From:

01 / *01* / *2019*

To:

03 / *31* / *2019*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2019</i>		<i>20,093.54</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>20,093.54</i>	
(c) Total Receipts (from Line 19).....	<i>10,509.39</i>	<i>10,509.39</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>30,602.93</i>	<i>30,602.93</i>
7. Total Disbursements (from Line 31).....	<i>5,750.00</i>	<i>5,750.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>24,852.93</i>	<i>24,852.93</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.00</i>	

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

Bakers Local 85 Federal PAC

Report Covering the Period: From:

01 / *01* / *2019*

To:

03 / *31* / *2019*

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).....

[Empty box]

[Empty box]

(ii) Unitemized.....

10,509.39

10,509.39

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

10,509.39

10,509.39

(b) Political Party Committees.....

[Empty box]

[Empty box]

(c) Other Political Committees (such as PACs).....

[Empty box]

[Empty box]

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

10,509.39

10,509.39

12. Transfers From Affiliated/Other Party Committees.....

[Empty box]

[Empty box]

13. All Loans Received.....

[Empty box]

[Empty box]

14. Loan Repayments Received.....

[Empty box]

[Empty box]

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

[Empty box]

[Empty box]

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

[Empty box]

[Empty box]

17. Other Federal Receipts (Dividends, Interest, etc.).....

[Empty box]

[Empty box]

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

[Empty box]

[Empty box]

(b) Levin Funds (from Schedule H5).....

[Empty box]

[Empty box]

(c) Total Transfers (add 18(a) and 18(b))..

[Empty box]

[Empty box]

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

10,509.39

10,509.39

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10,509.39

10,509.39

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		
(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	5,000.00	5,000.00
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	750.00	750.00
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)) ..	5,750.00	5,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,750.00	5,750.00

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)	10,509.39	10,509.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,509.39	10,509.39
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 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 / OF 1

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

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)

Bulldozers Local 85 Federal PAC

Full Name (Last, First, Middle Initial)

A. *Raptur for Congress*

Mailing Address

PO Box 899

City

Toledo

State

OH

Zip Code

43697

Purpose of Disbursement

campaign contribution

Candidate Name

Marcy Raptur

011

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *OH*

District: *9th*

Date of Disbursement

03 / 22 / 2019

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

5000.00

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE / OF /
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input checked="" type="checkbox"/> 25 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 26 <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)
Builemakers Local 85 Federal PAC

Full Name (Last, First, Middle Initial) <i>A. J Bernie Quilter Election Committee</i>		Date of Disbursement MM ' DD ' YYYY <i>01 ' 23 ' 2019</i>
Mailing Address <i>1557 Lebaron St</i>		Amount of Each Disbursement this Period <i>250.00</i>
City <i>Toledo</i>	State <i>OH</i>	
Zip Code <i>43605</i>		Category/ Type <i>011</i>
Purpose of Disbursement <i>campaign contribution</i>		
Candidate Name <i>J Bernie Quilter</i>		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) <i>B. Oregon Democratic Club</i>		Date of Disbursement MM ' DD ' YYYY <i>02 ' 27 ' 2019</i>
Mailing Address <i>1817 Madison Ave</i>		Amount of Each Disbursement this Period <i>500.00</i>
City <i>Toledo</i>	State <i>OH</i>	
Zip Code <i>43604</i>		Category/ Type <i>011</i>
Purpose of Disbursement <i>committee fundraiser</i>		
Candidate Name		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) <i>C.</i>		Date of Disbursement MM ' DD ' YYYY <i> ' ' </i>
Mailing Address		Amount of Each Disbursement this Period <i> </i>
City	State	
Zip Code		Category/ Type <i> </i>
Purpose of Disbursement		
Candidate Name		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).....▶	<i>750.00</i>
TOTAL This Period (last page this line number only).....▶	<i>750.00</i>

PRESS FIRMLY TO SEAL

PRESS FIRMLY



1007



20463

U.S. POSTAGE PAID
PME 1-DAY
ROSSFORD, OH
43460
APR 11 19
AMOUNT
\$25.50
R2305K142090-08

PRESS
RED

PRIORITY MAIL EXPRESS

FASTEST SERVICE IN THE U.S.

A

FED MAIL CENTER
2019 APR 15 AM 7:51

USED INTERNATIONALLY,
CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



F July 2013 OD: 12.5 X 9.5



UNITED STATES
POSTAL SERVICE

PRIORITY
MAIL
EXPRESS

CUSTOMER USE ONLY

PHONE ()

BM L-85 Fed PAC
PO Box 35
Rossford, OH 43460

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature or delivery.
 - No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available)
 - 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ()

Federal Election Commission
1050 First St. NE
Washington, DC
200463

ZIP+4® (US ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

Day

2-Day

Military

DPO

PO ZIP Code

Scheduled Delivery Date (MM/DD/YY)

Postage

Date Accepted (MM/DD/YY)

Scheduled Delivery Time

Insurance Fee

COD Fee

Time Accepted

10:30 AM Delivery Fee

Return Receipt Fee

Live Animal Transportation Fee

Special Handling/Fragile

Sunday/Holiday Premium Fee

Total Postage & Fees

Weight

Acceptance Employee Initials

Rate

Acceptance Employee Initials

Del. Attemp. (MM/DD/YY)

Time

Employee Signature

Del. Attemp. (MM/DD/YY)

Time

Employee Signature

LABEL 11-5, JULY 2018

PSN 7590-02-000-8998

UNITED STATES POSTAL SERVICE

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	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/11/19
<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 *MP*

4/15/19
DATE PREPARED

20190415 10:00:00 AM