

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

UNITED ASSOC LOCAL 50 PLUMBERS AND STEAMFITTERS POLITICAL ACTION FUND

ADDRESS (number and street) 7570 CAPLE BLVD SUITE A NORTHWOOD OH 43619

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00322784

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 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 ERIC OSBORN

Signature of Treasurer ERIC OSBORN [Electronically Filed] Date 01 / 23 / 2014

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 table with 8 columns and 1 row, and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		39507.57
(b) Cash on Hand at Beginning of Reporting Period.....	48482.33	
(c) Total Receipts (from Line 19) .....	17814.67	35189.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66297.00	74697.00
7. Total Disbursements (from Line 31).....	44725.00	53125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21572.00	21572.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	17814.67	35189.43
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17814.67	35189.43
(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) .....	17814.67	35189.43
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))..... ▶	17814.67	35189.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17814.67	35189.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	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.....	500.00	500.00
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 .....	44225.00	52625.00
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)) ..	44725.00	53125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44725.00	53125.00

**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) .....	17814.67	35189.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17814.67	35189.43
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 21  
(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 ▼ **20592.26**

Date of Receipt: **07 / 24 / 2013**  
**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period: **3217.50**

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 ▼ **23482.72**

Date of Receipt: **08 / 15 / 2013**  
**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period: **2890.46**

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 ▼ **26313.51**

Date of Receipt: **09 / 16 / 2013**  
**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period: **2830.79**

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

**SUBTOTAL** of Receipts This Page (optional)..... **8938.75**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 21  
(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

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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. CONTRIBUTIONS VOLUNTARY**

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 ▼  
**29180.79**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2013**

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
**2867.28**

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

Full Name (Last, First, Middle Initial)  
**B. CONTRIBUTIONS VOLUNTARY**

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 ▼  
**31954.52**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 22 / 2013**

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
**2773.73**

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

Full Name (Last, First, Middle Initial)  
**C. CONTRIBUTIONS VOLUNTARY**

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 ▼  
**35189.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
**3234.91**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>8875.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>17814.67</b>

**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 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

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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. JENNIFER BRUNNER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Mailing Address 35 N. FOURTH ST, STE 200  
PATRICK M QUINN, TREASURER

**Transaction ID : SB23.4297**

City Columbus State OH Zip Code 43215

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement POLI CONTRI UNITED STATES SENATE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00
--------

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

500.00
--------



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR ASHFORD**

Mailing Address 2910 COLLINGWOOD  
CO-CHAIR WELDON DOUTHITT

City TOLEDO State OH Zip Code 43610

Purpose of Disbursement  
POLI CONTRI OHIO STATE REPRESENTATIVE, DISTRICT 44

Candidate Name

**MICHAEL ASHFORD**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District: 44

Date of Disbursement

/  /

09 / 20 / 2013

**Transaction ID : SB29.4260**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BROWN**

Mailing Address 2352 HOMESTEAD DRIVE  
JOHN F. KEVERN, TREASURER

City PERRYSBURG State OH Zip Code 43551

Purpose of Disbursement  
POLI CONTRI OHIO STATE REPRESENTATIVE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

10 / 16 / 2013

**Transaction ID : SB29.4277**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR JOSHUA HUGHES**

Mailing Address 3220 NORTH REACH DRIVE  
LILA SHOUSER, TREASURER

City OREGON State OH Zip Code 43616

Purpose of Disbursement  
POLI CONTRI OREGON CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

08 / 07 / 2013

**Transaction ID : SB29.4234**

Amount of Each Disbursement this Period

500.00

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

2250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR JOSHUA HUGHES**

Mailing Address 3220 NORTH REACH DRIVE  
LILA SHOUSER, TREASURER

City OREGON State OH Zip Code 43616

Purpose of Disbursement  
POLI CONTRI OREGON CITY COUNCIL

Candidate Name  
**JOSHUA HUGHES**

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

Date of Disbursement

/  /

**Transaction ID : SB29.4255**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR PEPPER COMMITTEE**

Mailing Address 600 VINE STREET, STE 2800  
DON MOONEY, TREASURER

City CINCINNATI State OH Zip Code 45202

Purpose of Disbursement  
POLI CONTRI OHIO ATTORNEY GENERAL

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.4249**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR SUSOR**

Mailing Address 105 CEDARWOOD DRIVE  
CLAUDE MONTGOMERY, TREASURER

City OREGON State OH Zip Code 43616

Purpose of Disbursement  
POLI CONTRI CITY OF OREGON MAYOR

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.4229**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS TO ELECT JOHN PATRICK CARNEY**

Mailing Address 357 E TORRENCE RD  
LINDA WIGET, CPA, TREASURER

City COLUMBUS State OH Zip Code 43214

Purpose of Disbursement  
POLI CONTRI OHIO STATE HOUSE OF REPRESENTATIVES

Candidate Name  
**JOHN PATRICK CARNEY**

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

Date of Disbursement

/  /

**Transaction ID : SB29.4225**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CITIZENS TO ELECT JOHN PATRICK CARNEY**

Mailing Address 357 E TORRENCE RD  
LINDA WIGET, CPA, TREASURER

City COLUMBUS State OH Zip Code 43214

Purpose of Disbursement  
POLI CONTRI OHIO STATE AUDITOR

Candidate Name  
**JOHN PATRICK CARNEY**

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

Date of Disbursement

/  /

**Transaction ID : SB29.4290**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS WITH CRANDALL**

Mailing Address 7032 ELDEN DRIVE  
RICH MACMILLAN, TREASURER

City SYLVANIA State OH Zip Code 43560

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.4252**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS WITH CRANDALL**

Mailing Address 7032 ELDEN DRIVE  
RICH MACMILLAN, TREASURER

City SYLVANIA State OH Zip Code 43560

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name  
**JOHN CRANDALL**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4283**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CITIZENS WITH STEEL**

Mailing Address 6144 ROLLAND DR  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL AT-LARGE

Candidate Name  
**STEVE STEEL**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4233**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS WITH STEEL**

Mailing Address 6144 ROLLAND DR  
KAREN POORE, TREASURER

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL AT-LARGE

Candidate Name  
**STEVE STEEL**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4264**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COMMITTEE FOR JOBS**

Mailing Address 4635 WEST ALEXIS  
GEORGE CHAPMAN, CO-CHAIR

City TOLEDO State OH Zip Code 43623

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 : SB29.4214

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT ANITA LOPEZ**

Mailing Address 1817 MADISON AVENUE  
MADELINE VALLEJO-WELCH, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLI CONTRI TOLEDO MAYOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29.4220

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT ANITA LOPEZ**

Mailing Address 1817 MADISON AVENUE  
MADELINE VALLEJO-WELCH, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLI CONTRI TOLEDO MAYOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29.4237

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT ANITA LOPEZ**

Mailing Address 1817 MADISON AVENUE  
MADELINE VALLEJO-WELCH, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLI CONTRI LUCAS COUNTY AUDITOR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2013

Transaction ID : SB29.4295

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT D. MICHAEL COLLINS**

Mailing Address 2235 HEATHERWOOD DRIVE  
SANDRA A DRABIK, TREASURER

City TOLEDO State OH Zip Code 43614

Purpose of Disbursement  
POLI CONTRI MAYOR OF TOLEDO

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SB29.4261

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT JIM LANGENDERFER**

Mailing Address 5424 RIVIER DRIVE  
JOHN O'LEARY, TREASURER

City TOLEDO State OH Zip Code 43611

Purpose of Disbursement  
POLI CONTRI WASHINGTON LOCAL SCHOOL BOARD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2013

Transaction ID : SB29.4256

Amount of Each Disbursement this Period

250.00

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

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

10350.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT JUDGE BERLING**

Mailing Address 4841 MONROE STREET, STE 350  
CHARLES J MIRA, TREASURER

City TOLEDO State OH Zip Code 43623

Purpose of Disbursement  
POLI CONTRI TOLEDO MUNICIPAL COURT JUDGE

Candidate Name

**AMY BERLING**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4207**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT PERRY LEFEVRE**

Mailing Address 707 OGDEN AVENUE  
VICKI BOLYARD, TREASURER

City TOLEDO State OH Zip Code 43609

Purpose of Disbursement  
POLI CONTRI TOLEDO PUBLIC SCHOOLS BOARD OF EDUCATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4240**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT PERRY LEFEVRE**

Mailing Address 707 OGDEN AVENUE  
VICKI BOLYARD, TREASURER

City TOLEDO State OH Zip Code 43609

Purpose of Disbursement  
POLI CONTRI TOLEDO PUBLIC SCHOOL BOARD

Candidate Name

**PERRY LEFEVRE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.4280**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEFIANCE COUNTY DEMOCRATIC PARTY**

Mailing Address 1204 WAYNE AVE  
C/O CHARLES A BAKLE

City DEFIANCE State OH Zip Code 43512

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 07 / 2013

**Transaction ID : SB29.4221**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. ENRIGHT FOR COUNCIL COMMITTEE**

Mailing Address 19 SOUTH ST CLAIR  
JACK WILSON, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.4209**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ENRIGHT FOR COUNCIL COMMITTEE**

Mailing Address 19 SOUTH ST CLAIR  
JACK WILSON, TREASURER

City TOLEDO State OH Zip Code 43604

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

Candidate Name

**SHAUN ENRIGHT**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 16 / 2013

**Transaction ID : SB29.4282**

Amount of Each Disbursement this Period

500.00

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

1650.00

**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. FRIENDS AND NEIGHBORS OF LINDSAY WEBB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

Mailing Address 3166 N REPUBLIC BLVD  
THOMAS JAFFEE, TREASURER

**Transaction ID : SB29.4216**

City TOLEDO State OH Zip Code 43615

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS VARWIG**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2013

Mailing Address 3506 BEVERLY DRIVE  
STEPHANIE EICHENBERG, TREASURER

**Transaction ID : SB29.4243**

City TOLEDO State OH Zip Code 43614

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO PUBLIC SCHOOL BOARD OF EDUCATION

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DEBACKER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2013

Mailing Address 6144 ROLLAND DRIVE  
KAREN POORE, TREASURER

**Transaction ID : SB29.4287**

City TOLEDO State OH Zip Code 43612

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO MUNICIPAL COURT JUDGE

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

Candidate Name

**GRETCHEN DEBACKER**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

900.00
--------

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

900.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOEL KUHLMAN**

Mailing Address 1554 MUIRFIELD DRIVE  
ANDY NEWLOVE, TREASURER

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement  
POLI CONTRI WOOD COUNTY COMMISSIONER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4222**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HENRY COUNTY DEMOCRATIC PARTY**

Mailing Address 923 WOODLAWN  
KELLIE BURKHARDT, TREASURER

City NAPOLEON State OH Zip Code 43545

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 : SB29.4239**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. J. BERNIE QUILTER ELECTION COMMITTEE**

Mailing Address 1557 LEBANON ST  
CLAUDE MONTGOMERY, TREASURER

City TOLEDO State OH Zip Code 43605

Purpose of Disbursement  
POLI CONTRI LUCAS COUNTY CLERK OF COURTS

Candidate Name

**J. BERNIE QUILTER**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4291**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OHIO AFL-CIO/LABOR 2013**

Mailing Address 395 E BROAD ST  
PRESIDENT TIM BURGA

City COLUMBUS State OH Zip Code 43215

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

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SB29.4288**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. OREGON DEMOCRATIC CLUB**

Mailing Address 5170 BAYSHORE RD  
MADELINE VALLEJO-WELCH, TREAS.

City OREGON State OH Zip Code 43616-2137

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

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2013

**Transaction ID : SB29.4232**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. PENNY LEVINE FOR SYLVANIA TOWNSHIP TRUSTEE**

Mailing Address 3753 HERR ROAD  
RITCHIE LEVINE, TREASURER

City SYLVANIA State OH Zip Code 43560

Purpose of Disbursement  
POLI CONTRI SYLVANIA TOWNSHIP TRUSTEE

Candidate Name

**PENNY LEVINE**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.4208**

Amount of Each Disbursement this Period

200.00

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

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

10400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PENNY LEVINE FOR SYLVANIA TOWNSHIP TRUSTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2013

Mailing Address 3753 HERR ROAD  
RITCHIE LEVINE, TREASURER

**Transaction ID : SB29.4259**

City SYLVANIA State OH Zip Code 43560

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
POLI CONTRI SYLVANIA TOWNSHIP TRUSTEE

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

Candidate Name

**PENNY LEVINE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. POLLY TAYLOR GERKEN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2013

Mailing Address 6144 ROLLAND DRIVE  
KAREN POORE, TREASURER

**Transaction ID : SB29.4226**

City TOLEDO State OH Zip Code 43612

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO PUBLIC SCHOOL BOARD OF EDUCATION

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. RILEY FOR CITY COUNCIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	16	/	2013

Mailing Address 629 SEARLES

**Transaction ID : SB29.4281**

City TOLEDO State OH Zip Code 43607

Amount of Each Disbursement this Period

120.00
--------

Purpose of Disbursement  
POLI CONTRI TOLEDO CITY COUNCIL

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

Candidate Name

**TYRONE RILEY**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

470.00
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. THARP FOR SHERIFF COMMITTEE**

Mailing Address 1700 CANTO AVE, STE 5  
C/O STEVE MEEHAN

City TOLEDO State OH Zip Code 43604

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

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2013

**Transaction ID : SB29.4212**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / 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)..... ▶

300.00

43325.00