

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
United Association Political Education Committee

ADDRESS (number and street) 901 Massachusetts Avenue, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20001-4307

2. **FEC IDENTIFICATION NUMBER** C00012476  
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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2008 through 08 31 2008

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 Assistant Treasurer Patrick R. Perno

Signature of Treasurer Electronically Filed by Assistant Treasurer Patrick R. Perno Date 03 05 2009

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
United Association Political Education Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1410554.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	1443854.82									
(c) Total Receipts (from Line 19) .....	241578.79	1273932.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1685433.61	2684486.41								
7. Total Disbursements (from Line 31) .....	160289.28	1159342.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1525144.33	1525144.33								
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 Association Political Education Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	0.00	200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	178345.41	1193075.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	178345.41	1193275.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	60000.00	60000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	238345.41	1253275.25
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 .....	2500.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	733.38	5657.03
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 Transfer (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)) .....	241578.79	1273932.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	241578.79	1273932.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	10702.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	10702.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61500.00	780600.00
24. Independent Expenditure (use Schedule E) .....	56289.28	56289.28
25. Coordinated Expenditures Made by Party Committees (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.....	42500.00	311750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	160289.28	1159342.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	160289.28	1159342.08

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	238345.41	1253275.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	238345.41	1253275.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	10702.80
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	10702.80

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

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
CALIFORNIA STATE PIPE TRADES COUNCIL VOLUNTARY POLITICAL ACTION FUND  
Mailing Address 1123 L Street

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00265033

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

**Transaction ID:** SA11C.11248  
 Amount of Each Receipt this Period  
25000.00  
 Donation

**B.** Full Name (Last, First, Middle Initial)  
PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND  
Mailing Address 8600 HILLCREST ROAD

City State Zip Code  
KANSAS CITY MO 64138

FEC ID number of contributing federal political committee. **C** C00206177

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

**Transaction ID:** SA11C.11252  
 Amount of Each Receipt this Period  
15000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
PIPEFITTERS POLITICAL ACTION COMMITTEE  
Mailing Address 30100 NORTHWESTERN HWY

City State Zip Code  
FARMINGTON HILLS MI 48334

FEC ID number of contributing federal political committee. **C** C00129627

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

**Transaction ID:** SA11C.11256  
 Amount of Each Receipt this Period  
5000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45000.00**

**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 / 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
PLUMBERS AND STEAMFITTERS LOCAL 467 VOLUNTARY FEDERAL POLITICAL ACTION FUND

Mailing Address 1519 ROLLINS ROAD

City State Zip Code  
BURLINGAME CA 94010

FEC ID number of contributing federal political committee. **C** C00209296

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2008

Transaction ID: SA11C.11250

Amount of Each Receipt this Period  
15000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	60000.00

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

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

FOR LINE NUMBER: PAGE 8 / 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN H ADLER

Mailing Address 51 CAMEO DRIVE

City State Zip Code  
CHERRY HILL NJ 08003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 8

**Transaction ID:** SA16.11190

Amount of Each Receipt this Period  
2000.00

Refund

**B.** Full Name (Last, First, Middle Initial)  
ARLEN SPECTER

Mailing Address 4111 TIMBER LANE

City State Zip Code  
PHILADELPHIA PA 19122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 5 / 2 0 0 8

**Transaction ID:** SA16.11189

Amount of Each Receipt this Period  
500.00

Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ► 2500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 1501 Pennsylvania Avenue, NW		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20013
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.11188
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="733.38"/>	
Interest for August			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5657.03"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="733.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="733.38"/>

# 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 10 / 21

<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 Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) MARION BERRY</p> <p>Mailing Address PO BOX 306</p> <p>City GILLETT State AR Zip Code 72005</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name MARION BERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11232</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy Boyda for Congress</p> <p>Mailing Address 5081/2 SW 10th Street</p> <p>City Topeka State KS Zip Code 66612</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name Nancy Boyda for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.11237</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DONALD R JR CRAVINS</p> <p>Mailing Address 1034 NORTHCROSS LANE</p> <p>City OPELOUSAS State LA Zip Code 70570</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name DONALD R JR CRAVINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p>	<p><b>Transaction ID:</b> SB23.11234</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> 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)

PAGE 11 / 21

<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 Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) BILL GILLESPIE	Transaction ID: SB23.11245
	Mailing Address PO BOX 820	Date of Disbursement 08 / 27 / 2008
	City TYBEE ISLAND State GA Zip Code 31328	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Transfer	Category/ Type
	Candidate Name BILL GILLESPIE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 01	

B.	Full Name (Last, First, Middle Initial) STEVEN LESLIE KAGEN	Transaction ID: SB23.11244
	Mailing Address 1712 SOUTH MASON STREET	Date of Disbursement 08 / 27 / 2008
	City APPLETON State WI Zip Code 54914	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Transfer	Category/ Type
	Candidate Name STEVEN LESLIE KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 08	

C.	Full Name (Last, First, Middle Initial) LINDA KETNER	Transaction ID: SB23.11230
	Mailing Address 12 CHURCH STREET	Date of Disbursement 08 / 27 / 2008
	City CHARLESTON State SC Zip Code 29401	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Transfer	Category/ Type
	Candidate Name LINDA KETNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11500.00
<b>TOTAL</b> 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 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 Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) ANN KIRKPATRICK	Transaction ID: SB23.11238 Date of Disbursement 08 / 27 / 2008
	Mailing Address PO Box 993	
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Transfer	
	Candidate Name ANN KIRKPATRICK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANN KIRKPATRICK	Transaction ID: SB23.11240 Date of Disbursement 08 / 27 / 2008
	Mailing Address PO Box 993	
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Transfer	
	Candidate Name ANN KIRKPATRICK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT JAMES LORD	Transaction ID: SB23.11241 Date of Disbursement 08 / 27 / 2008
	Mailing Address 4340 EAST INDIAN SCHOOL STE 21-502	
	City PHOENIX State AZ Zip Code 85018	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Transfer	
	Candidate Name ROBERT JAMES LORD	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> 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)

PAGE 14 / 21

<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 Association Political Education Committee

A.

Full Name (Last, First, Middle Initial)  
JIM SLATTERY

Transaction ID: SB23.11236

Date of Disbursement

Mailing Address PO BOX 4486

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

City TOPEKA State KS Zip Code 66604

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Transfer

--

Category/  
Type

Candidate Name  
JIM SLATTERY

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

5000.00
---------

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

61500.00
----------

# 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 Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Timothy Cailon</p> <p>Mailing Address 700 Center Street</p> <p>City Warren State OH Zip Code 44483</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11223</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Glenn Freeman</p> <p>Mailing Address 435 S. Stoll</p> <p>City Lansing State MI Zip Code 48917</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11200</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sherry Freeman</p> <p>Mailing Address 435 S. Stoll</p> <p>City Lansing State MI Zip Code 48917</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11221</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

7500.00

**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)

PAGE 16 / 21

<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 Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) Brad Grabill	Transaction ID: SB29.11196 Date of Disbursement 08 / 05 / 2008
	Mailing Address 2447 Orlando Central Pkwy	Amount of Each Disbursement this Period 2500.00
	City Orlando State FL Zip Code 32809	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Donald Ham	Transaction ID: SB29.11198 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 20474	Amount of Each Disbursement this Period 2500.00
	City Tallahassee State FL Zip Code 32316	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) James Hart	Transaction ID: SB29.11204 Date of Disbursement 08 / 05 / 2008
	Mailing Address 8604 Cobblestone Point	Amount of Each Disbursement this Period 2500.00
	City Boynton Bch State FL Zip Code 33437	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 Association Political Education Committee

A.	Full Name (Last, First, Middle Initial) Linton Hartley	Transaction ID: SB29.11210 Date of Disbursement 08 / 05 / 2008
	Mailing Address 2447 Orlando Central Pkwy	Amount of Each Disbursement this Period 2500.00
	City Orlando State FL Zip Code 32807	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) William Horsman	Transaction ID: SB29.11225 Date of Disbursement 08 / 05 / 2008
	Mailing Address 117 Monterey Way	Amount of Each Disbursement this Period 2500.00
	City Royal Palm Beach State FL Zip Code 37809	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Jimmy Johnson	Transaction ID: SB29.11206 Date of Disbursement 08 / 05 / 2008
	Mailing Address 8354 Three Creek Blvd	Amount of Each Disbursement this Period 2500.00
	City Jacksonville State FL Zip Code 32220	
	Purpose of Disbursement Travel expense	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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)

PAGE 18 / 21

<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 Association Political Education Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John A. Lindstrom</p> <p>Mailing Address 2616 SW Bear Paw Trail</p> <p>City State Zip Code Palm City FL 34990</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11208 <b>Date of Disbursement</b> 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard A. Lord</p> <p>Mailing Address 2214 John Street</p> <p>City State Zip Code Pasadena TX 77502</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11218 <b>Date of Disbursement</b> 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Larry J. Mazzola</p> <p>Mailing Address 3060 24th Avenue</p> <p>City State Zip Code San Francisco CA 94132</p> <p>Purpose of Disbursement Travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11209 <b>Date of Disbursement</b> 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 Association Political Education Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenn McIntosh Mailing Address 4923 W. Cypress Street City Tampa State FL Zip Code 33607 Purpose of Disbursement Travel expense 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) ▼	<b>Transaction ID:</b> SB29.11202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ken Pechette Mailing Address 2704 Oak Beach Road City Port Austin State MI Zip Code 48467 Purpose of Disbursement Travel expense 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) ▼	<b>Transaction ID:</b> SB29.11216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Samantha Stobb Mailing Address 1223 Park Road City Espyville State PA Zip Code 16424 Purpose of Disbursement Travel expense 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) ▼	<b>Transaction ID:</b> SB29.11219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> 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)

PAGE 20 / 21

<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 Association Political Education Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kathy Terven <hr/> Mailing Address 9371 Orion Drive <hr/> City Bloomington State IL Zip Code 61705 <hr/> Purpose of Disbursement Travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Oliver Winn <hr/> Mailing Address 278 South Kings Road <hr/> City Ormond Beach State FL Zip Code 32174 <hr/> Purpose of Disbursement Travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00

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

5000.00

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

42500.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) United Association Political Education Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00012476	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee Clear Images		Amount 56289.28	
Mailing Address 121 11th Street		Transaction ID: SE.11499	
City Toledo	State OH	Zip Code 43604	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure Billboards, signs, etc		Category/Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		56289.28	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	56289.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	56289.28
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Assistant Treasurer Patrick R. Perno Signature	Date M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9