

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC HEADQUARTERS

2024 MAR -6 PM 12:01 Office Use Only

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

ADDRESS (number and street) 319 GLENWOOD RD ROSSFORD OH 43460

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 00018828 IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01' 01' 2024 through 02' 28' 2024

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 Date 03' 04' 2024

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

20240306 12:01:01

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BOILERMAKERS LOCAL 85 FED. PAC

Report Covering the Period:

From:

01 ' 01 ' 2024

To:

02 ' 28 ' 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		2499980
(b) Cash on Hand at Beginning of Reporting Period.....	2499980	
(c) Total Receipts (from Line 19).....	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2499980	2499980
7. Total Disbursements (from Line 31).....	3500000	3500000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2149980	2149980
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	



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 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.....		
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	3500.00	3500.00
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)) ..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	3500.00

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)	000	000
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

**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 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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)
BOILERMAKERS LOCAL 85 FED PAC

A. PLUMMER FOR OHIO

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01/15/2024

Mailing Address: 4679 WINTERSET DR. COLUMBUS, OH 43220

City: COLUMBUS State: OH Zip Code: 43220

Purpose of Disbursement: CAMPAIGN CONT.

Candidate Name: PHIL PLUMMER

Category/Type: []

Amount of Each Disbursement this Period: 500.00

Office Sought: OH-ST. REP
 State: OH District: 40

Disbursement For: Primary General Other (specify) ▼

B. CITIZENS FOR LAMPTON

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01/15/2024

Mailing Address: 1326 PARKWAY CT. BEAVERCREEK OH 45432

City: BEAVERCREEK State: OH Zip Code: 45432

Purpose of Disbursement: CAMPAIGN CONT.

Candidate Name: BRIAN LAMPTON

Category/Type: []

Amount of Each Disbursement this Period: 500.00

Office Sought: OH-ST. REP
 State: OH District: 70

Disbursement For: Primary General Other (specify) ▼

C. HARAZ GHANBARI FOR OHIO

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01/15/2024

Mailing Address: 26811 DOEWOOD LN. PERRYSBURG OH 43551

City: PERRYSBURG State: OH Zip Code: 43551

Purpose of Disbursement: CAMPAIGN CONT.

Candidate Name: HARAZ GHANBARI

Category/Type: []

Amount of Each Disbursement this Period: 750.00

Office Sought: OH-ST. REP
 State: OH District: 75

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1750.00

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

PAGE 2 OF 2

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NAME OF COMMITTEE (In Full)
BOILERMAKERS LOCAL 85 FED. PAC

A. FRIENDS OF MARILYN JOHN

Full Name (Last, First, Middle Initial)

Date of Disbursement: **01** / **15** / **2024**

Mailing Address: **4679 WINTERSET DR. COLUMBUS, OH 43220**

City: **COLUMBUS** State: **OH** Zip Code: **43220**

Purpose of Disbursement: **CAMPAIGN CONT**

Candidate Name: **MARILYN JOHN**

Category/Type: **500.00**

Amount of Each Disbursement this Period: **500.00**

Office Sought: **OH-STATE REP.** House Senate President
State: **DIST 2** District:

Disbursement For: Primary General Other (specify) ▼

B. FRIENDS OF ANGIE KING

Full Name (Last, First, Middle Initial)

Date of Disbursement: **01** / **15** / **2024**

Mailing Address: **141 PLEASANT RIDGE AVE. CELINA, OH 45822**

City: **CELINA** State: **OH** Zip Code: **45822**

Purpose of Disbursement: **CAMPAIGN CONT**

Candidate Name: **ANGIE KING**

Category/Type: **500.00**

Amount of Each Disbursement this Period: **500.00**

Office Sought: **OH-STATE REP.** House Senate President
State: **DIST 84** District:

Disbursement For: Primary General Other (specify) ▼

C. FRIENDS OF SWEARINGER

Full Name (Last, First, Middle Initial)

Date of Disbursement: **01** / **15** / **2024**

Mailing Address: **4679 WINTERSET DR. COLUMBUS, OH 43220**

City: **COLUMBUS** State: **OH** Zip Code: **43220**

Purpose of Disbursement: **CAMPAIGN CONT**

Candidate Name: **DJ SWEARINGER**

Category/Type: **750.00**

Amount of Each Disbursement this Period: **750.00**

Office Sought: **OH-HOUSE** House Senate President
State: **DIST 89** District:

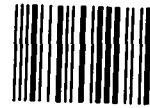
Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... **1750.00**

TOTAL This Period (last page this line number only)..... **3500.00**

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20463

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ROSSFORD, OH 43460
MAR 05, 2024

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PO BOX 35
ROSSFORD, OH 43460

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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 on delivery.

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Sunday/Holiday Delivery Required (additional fee, where available*)

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TO: (PLEASE PRINT) PHONE ()

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1050 FIRST ST. NE
WASHINGTON, DC

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20463

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 43460	Scheduled Delivery Date (MM/DD/YY) 3-6-24	Postage \$ 30.45
Date Accepted (MM/DD/YY) 3-5-24	Scheduled Delivery Time 10:50 PM	Insurance Fee \$
Time Accepted 10:50 PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Rate Rate	Acceptance Employee Initials EX
		Total Postage & Fees \$ 30.45

DELIVERY (POSTAL SERVICE USE ONLY)

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Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

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EP13F Oct 2018
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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 3-5-24
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	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	3-6-24 DATE PREPARED

(4/2023)