

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2008 FEB - 4 PM Only: 21

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

Scott E Shook
NORTHCOAST POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2200 JEFFERSON AVE

 Check if different than previously reported. (ACC) Toledo OH 43604

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

C00201293

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

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

5. Covering Period 01 / 01 / 2007 through 12 / 31 / 2007

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 Scott E Shook

Signature of Treasurer Scott E. Shook Date 01 / 29 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

28039621188

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Northcoast Political Action Committee

Report Covering the Period:

From:

07 01 2007

To:

12 31 2007

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2007		34,015.8
(b) Cash on Hand at Beginning of Reporting Period.....	11,192.50	
(c) Total Receipts (from Line 19).....	1,000.94	11,951.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,193.44	15,353.44
7. Total Disbursements (from Line 31).....	2,831.62	5,991.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,361.82	9,361.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Northeast Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2007

To:

12 / 31 / 2007

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).....

900.00

9,104.00

(ii) Unitemized.....

100.00

2,310.00

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

1,000.00

11,950.00

(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).....▶

1,000.00

11,950.00

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.).....

94

186

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)).....▶

1,000.94

11,951.86

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

1,000.94

11,951.86

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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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6.62	6.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.62	6.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,850.00	3,675.00
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	975.00	2,310.00
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)) ..	2,831.62	5,991.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,831.62	5,991.62

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DETAILED SUMMARY PAGE
of Disbursements

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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)	1,000.00	11,950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,000.00	11,950.00
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

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

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

FOR LINE NUMBER: (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)
NORTH COAST Political Action Committee

A. Full Name (Last, First, Middle Initial)
MANAHAN, MEGAN M

Mailing Address
7164 WHISPERING OAK DRIVE

City State Zip Code
SYLVANIA OH 43528

FEC ID number of contributing federal political committee.
C

Name of Employer
MERCY Health Partners

Occupation
Vice. PRESIDENT MARKETING + Public Relations

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 27 / 2007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HURFORD, Russell J

Mailing Address
7164 WHISPERING OAK DRIVE

City State Zip Code
SYLVANIA OH 43528

FEC ID number of contributing federal political committee.
C

Name of Employer
MERCY Health PARTNERS

Occupation
Director Phys Group Relations

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 27 / 2007

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter Chad L.

Mailing Address
316 NORTHWOOD DR

City State Zip Code
Defiance OH 43512

FEC ID number of contributing federal political committee.
C

Name of Employer
Mercy Health PARTNERS

Occupation
CEO - Defiance Hosp

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 27 / 2007

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶ **400.00**

TOTAL This Period (last page this line number only).....▶ **900.00**

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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)

PAGE 1 OF 2

<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)

NORTHCOAST Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOUSE DEMOCRATIC CAUSUS		Date of Disbursement
Mailing Address 1817 Madison Ave		08 / 16 / 2007
City Toledo	State OH	Zip Code 43604
Purpose of Disbursement Campaign Expenses		Amount of Each Disbursement this Period
Candidate Name [Blank]		250.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007
State: OH	District: 5th	

B. BOB LATTA FOR CONGRESS		Date of Disbursement
Mailing Address 300 NORTH MAIN STREET		10 / 13 / 2007
City Bowling Green	State OH	Zip Code 43402
Purpose of Disbursement Campaign Expenses		Amount of Each Disbursement this Period
Candidate Name BOB LATTA		1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007
State: OH	District: 5th	

C. BUEHRER FOR CONGRESS		Date of Disbursement
Mailing Address 704 Greenview Drive		10 / 22 / 2007
City Delta	State OH	Zip Code 43515
Purpose of Disbursement Campaign Expenses		Amount of Each Disbursement this Period
Candidate Name Steve Buehrer		500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007
State: OH	District: 5th	

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

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

1750.00
[Blank]

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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)						PAGE 2 OF 2
	<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)
North Coast Political Action Committee

A.

Full Name (Last, First, Middle Initial)
LATTA FOR Congress Committee

Date of Disbursement
MM/DD/YYYY
11/28/2007

Mailing Address
300 North Main Street

City
Bowling Green State
OH Zip Code
43402

Purpose of Disbursement
Campaign Expenses

Candidate Name
Bob LATTA

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **OH** District: **5th**

Amount of Each Disbursement this Period
100.00

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ **100.00**

TOTAL This Period (last page this line number only)..... ▶ **1,850.00**

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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)						PAGE 1 OF
	<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)
NORTHCOAST Political Action Committee

A. CITIZEN FOR JOE BIRMINGHAM *Toledo City Council*

Full Name (Last, First, Middle Initial): **CITIZEN FOR JOE BIRMINGHAM**

Date of Disbursement: **08 / 23 / 2007**

Mailing Address: **PO BOX 1743**

City: **Toledo OH** State: **OH** Zip Code: **43603**

Purpose of Disbursement: **Campaign Expenses** Category/Type: **007**

Candidate Name: **JOE BIRMINGHAM**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: **250.00**

B. CITIZENS WITH UJVAGI *OHIO HOUSE OF REPRESENTATIVES*

Full Name (Last, First, Middle Initial): **CITIZENS WITH UJVAGI**

Date of Disbursement: **10 / 10 / 2007**

Mailing Address: **124 Paine Ave Toledo**

City: **Toledo OH** State: **OH** Zip Code: **43605**

Purpose of Disbursement: **Campaign Expenses** Category/Type: **007**

Candidate Name: **Peter UJVAGI**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: **325.00**

C. CITIZENS FOR ASHFORD *Toledo City Council*

Full Name (Last, First, Middle Initial): **CITIZENS FOR ASHFORD**

Date of Disbursement: **10 / 03 / 2007**

Mailing Address: **2910 Collingwood**

City: **Toledo OH** State: **OH** Zip Code: **43610**

Purpose of Disbursement: **Campaign Expenses** Category/Type: **007**

Candidate Name: **Michael Ashford**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period: **100.00**

SUBTOTAL of Disbursements This Page (optional)..... **675.00**

TOTAL This Period (last page this line number only)..... **675.00**

28039621196

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

28039621197

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/31/08
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm W
 PREPARER
 (3/2005)

2/4/08
 DATE PREPARED