



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CINCINNATI BELL INC FEDERAL PAC**

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="2015"/>		18381.35
(b) Cash on Hand at Beginning of Reporting Period.....	21207.55	
(c) Total Receipts (from Line 19) .....	1659.18	12435.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22866.73	30816.73
7. Total Disbursements (from Line 31).....	1500.00	9450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21366.73	21366.73
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**CINCINNATI BELL INC FEDERAL PAC**

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).....	1509.84	7613.50
(ii) Unitemized .....	149.34	4821.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1659.18	12435.38
(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) .....	1659.18	12435.38
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))..... ▶	1659.18	12435.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1659.18	12435.38

**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.....	1000.00	5000.00
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 .....	500.00	4450.00
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)) ..	1500.00	9450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	9450.00

**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) .....	1659.18	12435.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1659.18	12435.38
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 27  
(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)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. RONALD S BEERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 FOXCHASE DR  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - NETWORK OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003941S000001L11A1**  
 Amount of Each Receipt this Period 12.00  
 PAYROLL DEDUCTION

**B. RONALD S BEERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 FOXCHASE DR  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - NETWORK OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003942S000001L11A1**  
 Amount of Each Receipt this Period 12.00  
 PAYROLL DEDUCTION

**C. RONALD S BEERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 FOXCHASE DR  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - NETWORK OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003943S000001L11A1**  
 Amount of Each Receipt this Period 12.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36.00  
**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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. CHRISTOPHER C ELMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8276 BROWNSTONE DR  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - TREASURY & TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003938S000003L11A1**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**B. CHRISTOPHER C ELMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8276 BROWNSTONE DR  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - TREASURY & TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003939S000003L11A1**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**C. CHRISTOPHER C ELMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8276 BROWNSTONE DR  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation VP - TREASURY & TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003940S000003L11A1**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 8 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. LEIGH R FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 5690 CHESTNUT RIDGE DR

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1073.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003938S000004L11A1**

Amount of Each Receipt this Period  

48.87
-------

PAYROLL DEDUCTION

**B. LEIGH R FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 5690 CHESTNUT RIDGE DR

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1073.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003939S000004L11A1**

Amount of Each Receipt this Period  

48.87
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PAYROLL DEDUCTION

**C. LEIGH R FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 5690 CHESTNUT RIDGE DR

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1073.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003940S000004L11A1**

Amount of Each Receipt this Period  

48.87
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PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.61
<b>TOTAL</b> 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 9 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. DONNA M HINKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 PARRISH HILL LANE

City State Zip Code  
CRESTVIEW HILLS KY 41017

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

Name of Employer Occupation  
CINCINNATI BELL INC. DIRECTOR TRANSPORT NETWO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.24

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2015

**Transaction ID : B003941S000007L11A1**

Amount of Each Receipt this Period  
13.91

PAYROLL DEDUCTION

**B. DONNA M HINKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 PARRISH HILL LANE

City State Zip Code  
CRESTVIEW HILLS KY 41017

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

Name of Employer Occupation  
CINCINNATI BELL INC. DIRECTOR TRANSPORT NETWO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.24

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2015

**Transaction ID : B003942S000007L11A1**

Amount of Each Receipt this Period  
13.91

PAYROLL DEDUCTION

**C. DONNA M HINKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 PARRISH HILL LANE

City State Zip Code  
CRESTVIEW HILLS KY 41017

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

Name of Employer Occupation  
CINCINNATI BELL INC. DIRECTOR TRANSPORT NETWO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.24

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015

**Transaction ID : B003943S000007L11A1**

Amount of Each Receipt this Period  
13.91

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.73
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. JULIA M MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4926 SUNDANCE DRIVE

City INDEPENDENCE State KY Zip Code 41051

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

Name of Employer CINCINNATI BELL INC. Occupation ATS BUSINESS RELATIONSHI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2015  
**Transaction ID : B003944S000001L11A1**

Amount of Each Receipt this Period  
**20.77**

PAYROLL DEDUCTION

**B. JULIA M MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4926 SUNDANCE DRIVE

City INDEPENDENCE State KY Zip Code 41051

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

Name of Employer CINCINNATI BELL INC. Occupation ATS BUSINESS RELATIONSHI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : B003945S000001L11A1**

Amount of Each Receipt this Period  
**20.77**

PAYROLL DEDUCTION

**C. JULIA M MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4926 SUNDANCE DRIVE

City INDEPENDENCE State KY Zip Code 41051

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

Name of Employer CINCINNATI BELL INC. Occupation ATS BUSINESS RELATIONSHI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : B003946S000001L11A1**

Amount of Each Receipt this Period  
**20.77**

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>62.31</b>
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. STEVEN A MEEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1317 WEXFORD LANE

City CINCINNATI	State OH	Zip Code 45233
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FEC ID number of contributing federal political committee. **C**

Name of Employer CINCINNATI BELL INC.	Occupation SR AM - GOVERNMENT & EDU
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003941S000010L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**B. STEVEN A MEEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1317 WEXFORD LANE

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SR AM - GOVERNMENT & EDU
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003942S000010L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**C. STEVEN A MEEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1317 WEXFORD LANE

City CINCINNATI	State OH	Zip Code 45233
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FEC ID number of contributing federal political committee. **C**

Name of Employer CINCINNATI BELL INC.	Occupation SR AM - GOVERNMENT & EDU
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003943S000010L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 27
	<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)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. NORBERT J METTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 VISTA VIEW COURT  
 City CINCINNATI State OH Zip Code 45247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL Occupation DIRECTOR OF FINANCE - OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2015  
**Transaction ID : B003941S000011L11A1**  
 Amount of Each Receipt this Period  
 10.00  
 PAYROLL DEDUCTION

**B. NORBERT J METTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 VISTA VIEW COURT  
 City CINCINNATI State OH Zip Code 45247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL Occupation DIRECTOR OF FINANCE - OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : B003942S000011L11A1**  
 Amount of Each Receipt this Period  
 10.00  
 PAYROLL DEDUCTION

**C. NORBERT J METTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6210 VISTA VIEW COURT  
 City CINCINNATI State OH Zip Code 45247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL Occupation DIRECTOR OF FINANCE - OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : B003943S000011L11A1**  
 Amount of Each Receipt this Period  
 10.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. KEVIN J MURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 MICHIGAN AVE  
 City CINCINNATI State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR VP/CIO, IT & NETWORK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003941S000012L11A1**  
 Amount of Each Receipt this Period 30.00  
 PAYROLL DEDUCTION

**B. KEVIN J MURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 MICHIGAN AVE  
 City CINCINNATI State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR VP/CIO, IT & NETWORK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003942S000012L11A1**  
 Amount of Each Receipt this Period 30.00  
 PAYROLL DEDUCTION

**C. KEVIN J MURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 MICHIGAN AVE  
 City CINCINNATI State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR VP/CIO, IT & NETWORK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003943S000012L11A1**  
 Amount of Each Receipt this Period 30.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. CHRISTINA M NEISES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11098 S. LICKING PIKE  
 City ALEXANDRIA State KY Zip Code 41001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR-SVC MGMT & GOVERN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 618.63

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003941S000013L11A1**  
 Amount of Each Receipt this Period 28.17  
 PAYROLL DEDUCTION

**B. CHRISTINA M NEISES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11098 S. LICKING PIKE  
 City ALEXANDRIA State KY Zip Code 41001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR-SVC MGMT & GOVERN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 618.63

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003942S000013L11A1**  
 Amount of Each Receipt this Period 28.17  
 PAYROLL DEDUCTION

**C. CHRISTINA M NEISES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11098 S. LICKING PIKE  
 City ALEXANDRIA State KY Zip Code 41001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR-SVC MGMT & GOVERN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 618.63

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003943S000013L11A1**  
 Amount of Each Receipt this Period 28.17  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.51
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. GINA M NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BRUSHBACK CT

City FAIRFIELD	State OH	Zip Code 45014
-------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIRECTOR - MARKET RESEAR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003941S000014L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**B. GINA M NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BRUSHBACK CT

City FAIRFIELD	State OH	Zip Code 45014
-------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIRECTOR - MARKET RESEAR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003942S000014L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**C. GINA M NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BRUSHBACK CT

City FAIRFIELD	State OH	Zip Code 45014
-------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIRECTOR - MARKET RESEAR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003943S000014L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. NEIL D OKONAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 FOX VALLEY CT  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR ENT PROG, PROC, L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.08

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003941S000015L11A1**  
 Amount of Each Receipt this Period 33.16  
 PAYROLL DEDUCTION

**B. NEIL D OKONAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 FOX VALLEY CT  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR ENT PROG, PROC, L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.08

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003942S000015L11A1**  
 Amount of Each Receipt this Period 33.16  
 PAYROLL DEDUCTION

**C. NEIL D OKONAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 FOX VALLEY CT  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR DIR ENT PROG, PROC, L  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.08

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003943S000015L11A1**  
 Amount of Each Receipt this Period 33.16  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.48  
**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: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. THOMAS M RECKNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 PAUL LANE

City ALEXANDRIA State KY Zip Code 41001

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

Name of Employer CINCINNATI BELL INC. Occupation DIR-CEN OFF & DEDIC FLD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2015  
**Transaction ID : B003941S000019L11A1**

Amount of Each Receipt this Period  
 10.00

PAYROLL DEDUCTION

**B. THOMAS M RECKNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 PAUL LANE

City ALEXANDRIA State KY Zip Code 41001

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

Name of Employer CINCINNATI BELL INC. Occupation DIR-CEN OFF & DEDIC FLD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : B003942S000019L11A1**

Amount of Each Receipt this Period  
 10.00

PAYROLL DEDUCTION

**C. THOMAS M RECKNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 PAUL LANE

City ALEXANDRIA State KY Zip Code 41001

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

Name of Employer CINCINNATI BELL INC. Occupation DIR-CEN OFF & DEDIC FLD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : B003943S000019L11A1**

Amount of Each Receipt this Period  
 10.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. PATRICIA L RUPICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3439 CORNELL PLACE  
 City CINCINNATI State OH Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR MGR - REGULATORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.69

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003941S000020L11A1**  
 Amount of Each Receipt this Period 22.56  
 PAYROLL DEDUCTION

**B. PATRICIA L RUPICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3439 CORNELL PLACE  
 City CINCINNATI State OH Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR MGR - REGULATORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.69

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003942S000020L11A1**  
 Amount of Each Receipt this Period 22.56  
 PAYROLL DEDUCTION

**C. PATRICIA L RUPICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3439 CORNELL PLACE  
 City CINCINNATI State OH Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CINCINNATI BELL INC. Occupation SR MGR - REGULATORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.69

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003943S000020L11A1**  
 Amount of Each Receipt this Period 22.56  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.68  
**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: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. SCOTT A SEGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2871 EBENEZER RD

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SENIOR VP & GM - CBTS
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003935S000001L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**B. SCOTT A SEGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2871 EBENEZER RD

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SENIOR VP & GM - CBTS
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003936S000001L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**C. SCOTT A SEGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2871 EBENEZER RD

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SENIOR VP & GM - CBTS
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003937S000001L11A1**

Amount of Each Receipt this Period  

10.00
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**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. BRIAN R THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5198 GRANDIN RIDGE DRIVE

City	State	Zip Code
LIBERTY TOWNSHIP	OH	45011

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SENIOR MANAGER - FIELD R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003941S000021L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**B. BRIAN R THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5198 GRANDIN RIDGE DRIVE

City	State	Zip Code
LIBERTY TOWNSHIP	OH	45011

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SENIOR MANAGER - FIELD R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003942S000021L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**C. BRIAN R THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5198 GRANDIN RIDGE DRIVE

City	State	Zip Code
LIBERTY TOWNSHIP	OH	45011

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SENIOR MANAGER - FIELD R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003943S000021L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. THEODORE H TORBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11225 RIVERSEDGE CT  
 City State Zip Code  
 LOVELAND OH 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CINCINNATI BELL INC. PRESIDENT & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2538.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2015  
**Transaction ID : B003938S000005L11A1**  
 Amount of Each Receipt this Period  
 115.38  
 PAYROLL DEDUCTION

**B. THEODORE H TORBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11225 RIVERSEDGE CT  
 City State Zip Code  
 LOVELAND OH 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CINCINNATI BELL INC. PRESIDENT & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2538.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2015  
**Transaction ID : B003939S000005L11A1**  
 Amount of Each Receipt this Period  
 115.38  
 PAYROLL DEDUCTION

**C. THEODORE H TORBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11225 RIVERSEDGE CT  
 City State Zip Code  
 LOVELAND OH 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CINCINNATI BELL INC. PRESIDENT & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2538.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : B003940S000005L11A1**  
 Amount of Each Receipt this Period  
 115.38  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	346.14
<b>TOTAL</b> 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: (check only one)	PAGE 22 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. MICHAEL S VANDERWOUDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11243 GRANDON RIDGE CIR

City	State	Zip Code
MONTGOMERY	OH	45249

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SVP & GM CONSUMER MARKET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003938S000006L11A1**

Amount of Each Receipt this Period  

38.46
-------

**PAYROLL DEDUCTION**

**B. MICHAEL S VANDERWOUDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11243 GRANDON RIDGE CIR

City	State	Zip Code
MONTGOMERY	OH	45249

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SVP & GM CONSUMER MARKET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003939S000006L11A1**

Amount of Each Receipt this Period  

38.46
-------

**PAYROLL DEDUCTION**

**C. MICHAEL S VANDERWOUDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11243 GRANDON RIDGE CIR

City	State	Zip Code
MONTGOMERY	OH	45249

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

Name of Employer	Occupation
CINCINNATI BELL INC.	SVP & GM CONSUMER MARKET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003940S000006L11A1**

Amount of Each Receipt this Period  

38.46
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.38</b>
<b>TOTAL</b> 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 23 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. GENE M WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 COUNTRYLAKE DR

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SALES VP - CARRIER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2015

**Transaction ID : B003941S000022L11A1**

Amount of Each Receipt this Period  

10.00
-------

PAYROLL DEDUCTION

**B. GENE M WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 COUNTRYLAKE DR

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SALES VP - CARRIER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

**Transaction ID : B003942S000022L11A1**

Amount of Each Receipt this Period  

10.00
-------

PAYROLL DEDUCTION

**C. GENE M WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 COUNTRYLAKE DR

City CINCINNATI	State OH	Zip Code 45233
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SALES VP - CARRIER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : B003943S000022L11A1**

Amount of Each Receipt this Period  

10.00
-------

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 24 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. JANE M WEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2262 BOURBON STREET

City UNION	State KY	Zip Code 41091
---------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIR - MARKETING COMMUNIC
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2015

**Transaction ID : B003938S000007L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**B. JANE M WEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2262 BOURBON STREET

City UNION	State KY	Zip Code 41091
---------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIR - MARKETING COMMUNIC
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

**Transaction ID : B003939S000007L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

**C. JANE M WEILER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2262 BOURBON STREET

City UNION	State KY	Zip Code 41091
---------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation DIR - MARKETING COMMUNIC
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : B003940S000007L11A1**

Amount of Each Receipt this Period  

10.00
-------

**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 25 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. CHRISTOPHER J WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON State KY Zip Code 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 03 / 2015  
**Transaction ID : B003938S000008L11A1**

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

**B. CHRISTOPHER J WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON State KY Zip Code 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 17 / 2015  
**Transaction ID : B003939S000008L11A1**

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

**C. CHRISTOPHER J WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON State KY Zip Code 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015  
**Transaction ID : B003940S000008L11A1**

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	1509.84

# 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)  
**CINCINNATI BELL INC FEDERAL PAC**

Full Name (Last, First, Middle Initial)

### A. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

Mailing Address PO BOX 906

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

City MARIETTA State OH Zip Code 45750

Transaction ID : B003934S000002L23

Purpose of Disbursement  
FUNDRAISER

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**BILL JOHNSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
---------

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

1000.00
---------

**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

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)  
**CINCINNATI BELL INC FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FABER**

Mailing Address 7706 STATE ROUTE 703

City State Zip Code  
CELINA OH 45822

Purpose of Disbursement  
FUNDRAISER

011

Candidate Name

**KEITH FABER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : B003934S000001L29

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

500.00

500.00