

**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 / 21
	<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)
Ohio National Financial Services Political Action Committee

A.	Full Name (Last, First, Middle Initial) Anthony Esposito		Date of Receipt MM / DD / YYYY 03 / 26 / 2010		
	Mailing Address 6157 Rose Petal Drive		Transaction ID: SA11AI.4886		
	City Cincinnati	State OH	Zip Code 45247	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C		3 payroll deduct of \$125		
	Name of Employer The Ohio National Life Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Human Resources and Administration Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Joseph Fischer		Date of Receipt MM / DD / YYYY 02 / 25 / 2010		
	Mailing Address 126 Dixie Place		Transaction ID: SA11AI.4887		
	City Ft. Thomas	State KY	Zip Code 41075	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		check		
	Name of Employer The Ohio National Life Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Assistant Counsel Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Donald Flannery		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 845 Miami Ridge Drive		Transaction ID: SA11AI.4888		
	City Loveland	State OH	Zip Code 45140	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		check		
	Name of Employer The Ohio National Life Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Technology Head Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	