

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
UNION CENTRAL LIFE INSURANCE COMPANY

ADDRESS (number and street) P O BOX 40888
1876 WAYCROSS ROAD
 Check if different than previously reported. (ACC)
CINCINNATI OH 45240-0888

2. **FEC IDENTIFICATION NUMBER** C00179010
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 07 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 MICHAEL C PEPPERS

Signature of Treasurer Electronically Filed by MICHAEL C PEPPERS Date 01 17 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.

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
UNION CENTRAL LIFE INSURANCE COMPANY

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		11542.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	13957.02									
(c) Total Receipts (from Line 19)	10928.00	22192.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24885.02	33735.02								
7. Total Disbursements (from Line 31)	5275.00	14125.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19610.02	19610.02								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
UNION CENTRAL LIFE INSURANCE COMPANY

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9540.00	14388.32
(i) Itemized (use Schedule A)	1388.00	7804.18
(ii) Unitemized	10928.00	22192.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10928.00	22192.50
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 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))	10928.00	22192.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10928.00	22192.50

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) 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	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.....	4250.00	8500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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.....	1025.00	5625.00
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))..	5275.00	14125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5275.00	14125.00

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	10928.00	22192.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10928.00	22192.50
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 6 / 61
	<input checked="" 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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) C R BROWN		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 31 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9803
Name of Employer UCL INSURANCE COMPANY		Occupation AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	PAYROLL DEDUCTION

B.	Full Name (Last, First, Middle Initial) C R BROWN		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9853
Name of Employer UCL INSURANCE COMPANY		Occupation AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	PAYROLL DEDUCTION

C.	Full Name (Last, First, Middle Initial) C R BROWN		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 30 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9854
Name of Employer UCL INSURANCE COMPANY		Occupation AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 61
	<input checked="" 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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) C R BROWN	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9949
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) C R BROWN	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9996
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) C R BROWN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10042
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9804

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9855

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9856

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 9 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9950

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.9997

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KEVIN M BROWN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP NY PRB ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10043

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 10 / 61
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9805

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9857

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9858

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 11 / 61
(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

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9951

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.9998

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JOHN CALLES

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10044

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 12 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) ANGELO DEJESUS		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UNION CENTRAL LIFE INSURANCE		Occupation 2ND VICE PRESIDENT, INVT. PROD.	Transaction ID: SA11AI.9807
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="50.00"/>
PAYROLL DEDUCTION			

B.	Full Name (Last, First, Middle Initial) ANGELO DEJESUS		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UNION CENTRAL LIFE INSURANCE		Occupation 2ND VICE PRESIDENT, INVT. PROD.	Transaction ID: SA11AI.9861
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="50.00"/>
PAYROLL DEDUCTION			

C.	Full Name (Last, First, Middle Initial) ANGELO DEJESUS		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UNION CENTRAL LIFE INSURANCE		Occupation 2ND VICE PRESIDENT, INVT. PROD.	Transaction ID: SA11AI.9862
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="50.00"/>
PAYROLL DEDUCTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
ANGELO DEJESUS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer UNION CENTRAL LIFE INSURANCE
Occupation 2ND VICE PRESIDENT, INVT. PROD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9953

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
ANGELO DEJESUS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer UNION CENTRAL LIFE INSURANCE
Occupation 2ND VICE PRESIDENT, INVT. PROD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.10000

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
ANGELO DEJESUS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer UNION CENTRAL LIFE INSURANCE
Occupation 2ND VICE PRESIDENT, INVT. PROD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10047

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 14 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9810

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9867

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9868

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 15 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9956

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.10003

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
TERESA S ELROD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MANAGER, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10050

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 16 / 61

(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2007

Transaction ID: SA11AI.9813

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2007

Transaction ID: SA11AI.9873

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11AI.9874

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

120.00

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 17 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt: 10 / 31 / 2007
Transaction ID: SA11AI.9959
 Amount of Each Receipt this Period: 40.00
 PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00
 Date of Receipt: 11 / 30 / 2007
Transaction ID: SA11AI.10006
 Amount of Each Receipt this Period: 40.00
 PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
ANN E FITZGIBBONS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY VP & ACTUARY
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00
 Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.10053
 Amount of Each Receipt this Period: 40.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00
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 18 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9815

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9877

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9878

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 19 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9961

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.10008

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KIMBERLY GARCIA

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY DIRECTOR, INFO. TECH.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10055

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 20 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
THOMAS J GILLIAM

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY STATUTORY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9817

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
THOMAS J GILLIAM

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY STATUTORY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9881

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
THOMAS J GILLIAM

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY STATUTORY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9882

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 21 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
THOMAS J GILLIAM

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY STATUTORY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9963

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
THOMAS J GILLIAM

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY STATUTORY AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10057

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9818

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 22 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9883

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9884

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9964

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 23 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10010

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KRISTAL E HAMBRICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. LIFE PRODUCT MGMT.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10058

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9819

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 140.00

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 24 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9885

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9886

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9965

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 25 / 61
(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
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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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10011

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
CYNTHIA K HOWELL

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, IND. SYS. ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10059

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9820

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 203.34

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 26 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9887

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9888

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9966

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **250.02**

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 27 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.74

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10012

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
GARY T HUFFMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY PRESIDENT & CEO, UCL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10060

Amount of Each Receipt this Period
83.34

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
JOHN H JACOBS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9821

Amount of Each Receipt this Period
416.66

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ▶ **583.34**

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 28 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
JOHN H JACOBS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 3333.28
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2007
Transaction ID: SA11AI.9889
 Amount of Each Receipt this Period
 416.66
 PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
JOHN H JACOBS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 3749.94
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007
Transaction ID: SA11AI.9890
 Amount of Each Receipt this Period
 416.66
 PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
JOHN H JACOBS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 4166.60
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2007
Transaction ID: SA11AI.9967
 Amount of Each Receipt this Period
 416.66
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **1249.98**
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 29 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
JOHN H JACOBS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.26
 Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7
Transaction ID: SA11AI.10013
 Amount of Each Receipt this Period
416.66
 PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
JOHN H JACOBS
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMAPNY PRESIDENT & CEO, UNIFI CO.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92
 Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7
Transaction ID: SA11AI.10061
 Amount of Each Receipt this Period
416.66
 PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DALE JOHNSON
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00
 Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7
Transaction ID: SA11AI.9822
 Amount of Each Receipt this Period
80.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **913.32**
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 30 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DALE JOHNSON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9891

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DALE JOHNSON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9892

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DALE JOHNSON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9968

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 31 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
DALE JOHNSON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10014

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
DALE JOHNSON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR VP & CORP ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10062

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
STEPHEN K JOHNSTON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP HR - OD & TRAINING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9823

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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 32 / 61

(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) STEPHEN K JOHNSTON		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation VP HR - OD & TRAINING	Transaction ID: SA11AI.9893
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="30.00"/>
PAYROLL DEDUCTION			

B.	Full Name (Last, First, Middle Initial) STEPHEN K JOHNSTON		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation VP HR - OD & TRAINING	Transaction ID: SA11AI.9894
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="30.00"/>
PAYROLL DEDUCTION			

C.	Full Name (Last, First, Middle Initial) STEPHEN K JOHNSTON		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation VP HR - OD & TRAINING	Transaction ID: SA11AI.9969
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="30.00"/>
PAYROLL DEDUCTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 33 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
STEPHEN K JOHNSTON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP HR - OD & TRAINING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10015

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
STEPHEN K JOHNSTON

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP HR - OD & TRAINING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10063

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
JOHN F KIRTLEY, II

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9895

Amount of Each Receipt this Period
10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 70.00

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 34 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
JOHN F KIRTLEY, II
Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9896

Amount of Each Receipt this Period
10.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
JOHN F KIRTLEY, II
Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9970

Amount of Each Receipt this Period
10.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
JOHN F KIRTLEY, II
Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10016

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 35 / 61
(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
							17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
DONALD L LOMAX

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, ADV. UNDERWRITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9825

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
DONALD L LOMAX

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, ADV. UNDERWRITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9897

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
DONALD L LOMAX

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, ADV. UNDERWRITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9898

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 36 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DONALD L LOMAX
Mailing Address 1876 WAYCROSS ROAD
City CINCINNATI State OH Zip Code 45240
FEC ID number of contributing federal political committee. **C**
Name of Employer UCL INSURANCE COMPANY Occupation 2ND VP, ADV. UNDERWRITING
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 31 / 2007
Transaction ID: SA11AI.9971
Amount of Each Receipt this Period 50.00
PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DONALD L LOMAX
Mailing Address 1876 WAYCROSS ROAD
City CINCINNATI State OH Zip Code 45240
FEC ID number of contributing federal political committee. **C**
Name of Employer UCL INSURANCE COMPANY Occupation 2ND VP, ADV. UNDERWRITING
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
Date of Receipt 11 / 30 / 2007
Transaction ID: SA11AI.10017
Amount of Each Receipt this Period 50.00
PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DONALD L LOMAX
Mailing Address 1876 WAYCROSS ROAD
City CINCINNATI State OH Zip Code 45240
FEC ID number of contributing federal political committee. **C**
Name of Employer UCL INSURANCE COMPANY Occupation 2ND VP, ADV. UNDERWRITING
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.10064
Amount of Each Receipt this Period 50.00
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 37 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) ELIZABETH F MARTINI		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10020
Name of Employer UCL INSURANCE COMPANY		Occupation VP & MANAGING ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="220.00"/>	PAYROLL DEDUCTION

B.	Full Name (Last, First, Middle Initial) ELIZABETH F MARTINI		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10068
Name of Employer UCL INSURANCE COMPANY		Occupation VP & MANAGING ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="240.00"/>	PAYROLL DEDUCTION

C.	Full Name (Last, First, Middle Initial) DAVID MORRIS		Date of Receipt
	Mailing Address 1876 WAYCROSS RAOD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9829
Name of Employer UCL INSURANCE COMPANY		Occupation 2ND VP & ASSOCIATE ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
		<input type="text" value="280.00"/>	PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 38 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DAVID MORRIS

Mailing Address 1876 WAYCROSS RAOD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP & ASSOCIATE ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9905

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DAVID MORRIS

Mailing Address 1876 WAYCROSS RAOD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP & ASSOCIATE ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9906

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DAVID MORRIS

Mailing Address 1876 WAYCROSS RAOD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP & ASSOCIATE ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9975

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 39 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DAVID MORRIS

Mailing Address 1876 WAYCROSS RAOD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP & ASSOCIATE ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10021

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DAVID MORRIS

Mailing Address 1876 WAYCROSS RAOD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP & ASSOCIATE ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10069

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9831

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 40 / 61
(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

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: SA11AI.9909

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: SA11AI.9910

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2007

Transaction ID: SA11AI.9976

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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 41 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.10022

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
LISA MULLEN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, IND. & RET. PLANS FIN. CTRL.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10070

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9833

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ▶ **110.00**

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 42 / 61
(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

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9913

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9914

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9978

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 43 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10024

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
KEVIN W O'TOOLE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10072

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
MARK PERLMAN

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, AGCY. DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10025

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 44 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
MARK PERLMAN
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, AGCY. DISTRIBUTION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.10073
 Amount of Each Receipt this Period
 20.00
 PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
RAYMOND T PICONE
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY VP, CHIEF UNDERWRITER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00
 Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: SA11AI.10026
 Amount of Each Receipt this Period
 20.00
 PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
RAYMOND T PICONE
 Mailing Address 1876 WAYCROSS ROAD
 City State Zip Code
CINCINNATI OH 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UCL INSURANCE COMPANY VP, CHIEF UNDERWRITER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.10074
 Amount of Each Receipt this Period
 20.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 60.00
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 45 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
GARY RODMAKER

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MGING. DIR. FIXED INCOME & HIGH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9838

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
GARY RODMAKER

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MGING. DIR. FIXED INCOME & HIGH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9923

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
GARY RODMAKER

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY MGING. DIR. FIXED INCOME & HIGH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9924

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 46 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) GARY RODMAKER		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation MGING. DIR. FIXED INCOME & HIGH	Transaction ID: SA11AI.9983
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="text" value="400.00"/>	PAYROLL DEDUCTION

B.	Full Name (Last, First, Middle Initial) GARY RODMAKER		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation MGING. DIR. FIXED INCOME & HIGH	Transaction ID: SA11AI.10029
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="text" value="440.00"/>	PAYROLL DEDUCTION

C.	Full Name (Last, First, Middle Initial) GARY RODMAKER		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UCL INSURANCE COMPANY		Occupation MGING. DIR. FIXED INCOME & HIGH	Transaction ID: SA11AI.10077
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="text" value="480.00"/>	PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: SA11AI.9841

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9929

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9930

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 48 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9986

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.10032

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
DANIEL S SHICK

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY 2ND VP, COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.10080

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 49 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) MICHAEL J SLATTERY	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10033
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, INFO. TECH. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL J SLATTERY	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10081
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, INFO. TECH. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) OLGA P STAIOS	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9844
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VP, ISBU MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 50 / 61
(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)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
OLGA P STAIOS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, ISBU MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9935

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
OLGA P STAIOS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, ISBU MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9936

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
OLGA P STAIOS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VP, ISBU MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9989

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 51 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) OLGA P STAIOS		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 30 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10035
Name of Employer UCL INSURANCE COMPANY		Occupation VP, ISBU MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
			PAYROLL DEDUCTION

B.	Full Name (Last, First, Middle Initial) OLGA P STAIOS		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 31 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10083
Name of Employer UCL INSURANCE COMPANY		Occupation VP, ISBU MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
			PAYROLL DEDUCTION

C.	Full Name (Last, First, Middle Initial) BEVERLY R TIDD		Date of Receipt
	Mailing Address 1876 WAYCROSS ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2007
	City	State	Zip Code
	CINCINNATI	OH	45240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9846
Name of Employer UCL INSURANCE COMPANY		Occupation SR. BUS. TECH. ANALYST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
			PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 61
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A.

Full Name (Last, First, Middle Initial)
BEVERLY R TIDD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR. BUS. TECH. ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9939

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
BEVERLY R TIDD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR. BUS. TECH. ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: SA11AI.9940

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
BEVERLY R TIDD

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SR. BUS. TECH. ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9991

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 53 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) BEVERLY R TIDD	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10037
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SR. BUS. TECH. ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

B.	Full Name (Last, First, Middle Initial) BEVERLY R TIDD	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10085
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SR. BUS. TECH. ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) STEVEN J VALERIUS	Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9847
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SVP, INDIVIDUAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 54 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) STEVEN J VALERIUS	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9941
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SVP, INDIVIDUAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) STEVEN J VALERIUS	Date of Receipt MM / DD / YYYY 09 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9942
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SVP, INDIVIDUAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) STEVEN J VALERIUS	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9992
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY SVP, INDIVIDUAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 55 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
STEVEN J VALERIUS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, INDIVIDUAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10038

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
STEVEN J VALERIUS

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY SVP, INDIVIDUAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10086

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
GINGER A VANDERLINDE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY VICE PRESIDENT, TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.9943

Amount of Each Receipt this Period
26.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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 56 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) GINGER A VANDERLINDE	Date of Receipt MM / DD / YYYY 09 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9944
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

B.	Full Name (Last, First, Middle Initial) GINGER A VANDERLINDE	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.9993
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) GINGER A VANDERLINDE	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10039
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

SUBTOTAL of Receipts This Page (optional)	▶	78.00
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 57 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) GINGER A VANDERLINDE	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10087
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY VICE PRESIDENT, TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

B.	Full Name (Last, First, Middle Initial) ROBERT F VERBRYKE	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10040
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY 2ND VP, EXP. MGMT.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) ROBERT F VERBRYKE	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD	Transaction ID: SA11AI.10088
	City State Zip Code CINCINNATI OH 45240	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation UCL INSURANCE COMPANY 2ND VP, EXP. MGMT.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	66.00
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 58 / 61
	<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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) MICHAEL J WHITE		Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD		Transaction ID: SA11AI.9850
	City CINCINNATI	State OH	Zip Code 45240
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer UCL INSURANCE COMPANY	Occupation ASSISTANT COUNSEL	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL J WHITE		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 1876 WAYCROSS ROAD		Transaction ID: SA11AI.9947
	City CINCINNATI	State OH	Zip Code 45240
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer UCL INSURANCE COMPANY	Occupation ASSISTANT COUNSEL	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL J WHITE		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
	Mailing Address 1876 WAYCROSS ROAD		Transaction ID: SA11AI.9948
	City CINCINNATI	State OH	Zip Code 45240
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer UCL INSURANCE COMPANY	Occupation ASSISTANT COUNSEL	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 59 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNION CENTRAL LIFE INSURANCE COMPANY

A. Full Name (Last, First, Middle Initial)
MICHAEL J WHITE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ASSISTANT COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.9995

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
MICHAEL J WHITE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ASSISTANT COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.10041

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
MICHAEL J WHITE

Mailing Address 1876 WAYCROSS ROAD

City State Zip Code
CINCINNATI OH 45240

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

Name of Employer Occupation
UCL INSURANCE COMPANY ASSISTANT COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.10089

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ► 9540.00

**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 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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS PAC	Transaction ID: SB23.10099 Date of Disbursement
	Mailing Address 101 CONSTITUTION AVE, NW SUITE 700	<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20001-2133	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Donation	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="012"/> Category/ Type
	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) CHABOT-OHIO VICTORY COMMITTEE	Transaction ID: SB23.10095 Date of Disbursement
	Mailing Address C/O ROBERT H. CASTELLINI 100 E. BROAD ST., SUITE 2330	<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	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) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC.	Transaction ID: SB23.9852 Date of Disbursement
	Mailing Address 100 E. BROAD STREET SUITE 2330	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement RECEPTION	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4250.00"/>

**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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) JUDGE KUBICKI RE-ELECTION COMMITTEE	Transaction ID: SB29.10097 Date of Disbursement
	Mailing Address HENRY STACEY, TREASURER 9205 FIDELIS DRIVE	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City CINCINNATI State OH Zip Code 45242	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception Candidate Name	<input type="text" value="275.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MECKLENBORG FOR STATE REPRESENTATIVE	Transaction ID: SB29.10096 Date of Disbursement
	Mailing Address JAMES KRAUSE, TREASURER 5324 EDGER DRIVE	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City CINCINNATI State OH Zip Code 45239	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) O'CONNOR FOR SUPREME COURT	Transaction ID: SB29.10098 Date of Disbursement
	Mailing Address 211 S FIFTH STREET	<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1025.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1025.00"/>