

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **221 E FOURTH STREET**  
**(103-1170)**  
 Check if different than previously reported. (ACC) **CINCINNATI OH 45202**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00087478** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 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 (12S)  
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  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
ELMA, CHRISTOPHER, , ,  
Type or Print Name of Treasurer

Signature of Treasurer ELMA, CHRISTOPHER, , , [Electronically Filed] Date  /  /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CINCINNATI BELL INC FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		21778.97
(b) Cash on Hand at Beginning of Reporting Period.....	18294.33	
(c) Total Receipts (from Line 19) .....	1039.35	9604.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19333.68	31383.68
7. Total Disbursements (from Line 31).....	800.00	12850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18533.68	18533.68
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CINCINNATI BELL INC FEDERAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	769.79	5520.43
(ii) Unitemized .....	269.56	4084.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1039.35	9604.71
(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) .....	1039.35	9604.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1039.35	9604.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1039.35	9604.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	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.....	250.00	7250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	550.00	5600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	800.00	12850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	800.00	12850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1039.35	9604.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1039.35	9604.71
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: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. BEERMAN, RONALD, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7655 FOXCHASE DR  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) VP - WIRELINE OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004059S000001L11A1**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. BEERMAN, RONALD, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7655 FOXCHASE DR  
 City WEST CHESTER State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) VP - WIRELINE OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004060S000001L11A1**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
**PAYROLL DEDUCTION**

**C. FOX, LEIGH, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5690 CHESTNUT RIDGE DR  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) PRES & CHIEF OPERATING O  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 946.04

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004057S000004L11A1**  
 Amount of Each Receipt this Period 48.87  
 Memo Item  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.87  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. FOX, LEIGH, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5690 CHESTNUT RIDGE DR  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) PRES & CHIEF OPERATING O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 946.04

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004058S000004L11A1**  
 Amount of Each Receipt this Period 66.38  
 Memo Item  
**PAYROLL DEDUCTION**

**B. HINKEL, DONNA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 PARRISH HILL LANE  
 City CRESTVIEW HILLS State KY Zip Code 41017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) DIR FIBER & ACCESS PLANN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.41

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004059S000007L11A1**  
 Amount of Each Receipt this Period 15.23  
 Memo Item  
**PAYROLL DEDUCTION**

**C. HINKEL, DONNA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 PARRISH HILL LANE  
 City CRESTVIEW HILLS State KY Zip Code 41017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) DIR FIBER & ACCESS PLANN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.41

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004060S000007L11A1**  
 Amount of Each Receipt this Period 15.23  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MCDANIEL, JULIA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4926 SUNDANCE DRIVE  
 City INDEPENDENCE State KY Zip Code 41051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) ATS BUSINESS RELATIONSHI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 394.63

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004061S000001L11A1**  
 Amount of Each Receipt this Period 20.77  
 Memo Item  
**PAYROLL DEDUCTION**

**B. MCDANIEL, JULIA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4926 SUNDANCE DRIVE  
 City INDEPENDENCE State KY Zip Code 41051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) ATS BUSINESS RELATIONSHI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 394.63

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004062S000001L11A1**  
 Amount of Each Receipt this Period 20.77  
 Memo Item  
**PAYROLL DEDUCTION**

**C. MURRAY, KEVIN, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 MICHIGAN AVE  
 City CINCINNATI State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) SR VP/CIO, IT & NETWORK  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004059S000013L11A1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.54  
**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 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. MURRAY, KEVIN, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 MICHIGAN AVE  
 City CINCINNATI State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) SR VP/CIO, IT & NETWORK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004060S000013L11A1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
**PAYROLL DEDUCTION**

**B. NEISES, CHRISTINA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11098 S. LICKING PIKE  
 City ALEXANDRIA State KY Zip Code 41001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) SR DIR-SVC MGMT & GOVERN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.23

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004059S000014L11A1**  
 Amount of Each Receipt this Period 28.17  
 Memo Item  
**PAYROLL DEDUCTION**

**C. NEISES, CHRISTINA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11098 S. LICKING PIKE  
 City ALEXANDRIA State KY Zip Code 41001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) SR DIR-SVC MGMT & GOVERN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 535.23

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004060S000014L11A1**  
 Amount of Each Receipt this Period 28.17  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. OKONAK, NEIL, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 819 FOX VALLEY CT  
 City CINCINNATI    State OH    Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC.    Occupation (for Individual) SR DIR ENT PROG, PROC, L  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 563.72

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004057S000005L11A1**  
 Amount of Each Receipt this Period 33.16  
 Memo Item  
**PAYROLL DEDUCTION**

**B. OKONAK, NEIL, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 819 FOX VALLEY CT  
 City CINCINNATI    State OH    Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC.    Occupation (for Individual) SR DIR ENT PROG, PROC, L  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 563.72

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004058S000005L11A1**  
 Amount of Each Receipt this Period 33.16  
 Memo Item  
**PAYROLL DEDUCTION**

**C. RUPICH, PATRICIA, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3439 CORNELL PLACE  
 City CINCINNATI    State OH    Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC.    Occupation (for Individual) SR MGR - REGULATORY  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 428.64

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004059S000020L11A1**  
 Amount of Each Receipt this Period 22.56  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. RUPICH, PATRICIA, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3439 CORNELL PLACE  
 City CINCINNATI State OH Zip Code 45220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) SR MGR - REGULATORY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 428.64

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004060S000020L11A1**  
 Amount of Each Receipt this Period 22.56  
 Memo Item  
**PAYROLL DEDUCTION**

**B. TORBECK, THEODORE, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11225 RIVERSEDGE CT  
 City LOVELAND State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.22

Date of Receipt 09 / 03 / 2016  
**Transaction ID : B004057S000006L11A1**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
**PAYROLL DEDUCTION**

**C. TORBECK, THEODORE, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11225 RIVERSEDGE CT  
 City LOVELAND State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CINCINNATI BELL INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.22

Date of Receipt 09 / 17 / 2016  
**Transaction ID : B004058S000006L11A1**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 14  
(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)  
**CINCINNATI BELL INC FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILSON, CHRISTOPHER, J, ,

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON	State KY	Zip Code 41048
----------------	-------------	-------------------

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

Name of Employer (for Individual) CINCINNATI BELL INC.	Occupation (for Individual) VP & GENERAL COUNSEL
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

**Transaction ID : B004057S000008L11A1**

Amount of Each Receipt this Period  
50.00

Memo Item  
PAYROLL DEDUCTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILSON, CHRISTOPHER, J, ,

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON	State KY	Zip Code 41048
----------------	-------------	-------------------

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

Name of Employer (for Individual) CINCINNATI BELL INC.	Occupation (for Individual) VP & GENERAL COUNSEL
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

**Transaction ID : B004058S000008L11A1**

Amount of Each Receipt this Period  
50.00

Memo Item  
PAYROLL DEDUCTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	769.79

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. FRIENDS OF DAVE JOYCE**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143-3710

Purpose of Disbursement FUNDRAISER

Candidate Name JOYCE, DAVID, P, ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 14

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C H2OH14064  
Transaction ID : B004052S000

Amount of Each Disbursement this Period: 250.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

# 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"/> 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)  
**CINCINNATI BELL INC FEDERAL PAC**

**A. FRIENDS OF BECKER**

Full Name (Last, First, Middle Initial)  
Mailing Address 925 LOCUST LANE

City CINCINNATI State OH Zip Code 45245

Purpose of Disbursement FUNDRAISERS  
Candidate Name BECKER, JOHN, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 65

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C  
Transaction ID : B004054S000  
Amount of Each Disbursement this Period: 300.00

Memo Item

**B. FRIENDS OF DAVID MILLER**

Full Name (Last, First, Middle Initial)  
Mailing Address 4308 HUBBLE ROAD

City CINCINNATI State OH Zip Code 45247

Purpose of Disbursement FUNDRAISER  
Candidate Name MILLER, DAVID, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 33

Date of Disbursement: 09 / 27 / 2016

FEC Identification Number: C  
Transaction ID : B004053S000  
Amount of Each Disbursement this Period: 250.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: / /

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	550.00