REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

[illegible]

Oct 11 3 05 PM '94

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-94 (through) 9-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 1,562.94
(b) Cash on Hand at Beginning of Reporting Period	$ 6,619.74	
(c) Total Receipts (from Line 19)	$ 1,663.82	$ 9,686.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,283.56	$ 11,249.65
7. Total Disbursements (from Line 30)	$ 3,400.00	$ 6,366.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,883.56	$ 4,883.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Edward J. Babbitt

Signature of Treasurer
Edward J. Babbitt

Date 10/6/94

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

FEC FORM 3X
(revised 9/93)

FE4AN101

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: The Western and Southern Life Insurance Company Political Action Committee

REPORT COVERING PERIOD FROM 7-1-94 TO: 9-30-94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,041.00	6,899.00	11(a)(i)
ii. Unitemized	622.82	2,787.62	11(a)(ii)
iii. Total (add i and ii) ➤	1,663.82	9,686.62	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	1,663.82	9,686.62	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) ➤	1,663.82	9,686.62	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,663.82	9,686.62	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	200.00	575.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	3,200.00	5,791.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,400.00	6,366.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,400.00	6,366.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,663.82	9,686.62	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,663.82	9,686.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a1

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)
The Western and Southern Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carroll R. Hutchinson 8659 Hollyhock Drive Cincinnati, OH 45231 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Senior Vice Pres & Chief Actuary Aggregate Year-to-Date > $ 350.00	$50/mo. payroll deduction	$150 (3 mos. payroll ded.)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William F. Ledwin 6175 South Clippinger Drive Cincinnati, OH 45243 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Senior Vice Pres & Chief Investment Off. Aggregate Year-to-Date > $ 439.00	$250 Lump sum & $27/mo. payroll ded.	$81 (3 mos. payroll ded.)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. J. Miller 111 Thomas Street Florence, KY 41042 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Senior Vice Pres & Chief Marketing Off. Aggregate Year-to-Date > $ 350.00	$50/mo. payroll deduction	$150 (3 mos. payroll ded.)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth A. Palmer 1869 Mt. Vernon Drive Ft. Wright, KY 41011 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Senior Vice President Aggregate Year-to-Date > $ 350.00	$50/mo. payroll deduction	$150 (3 mos. payroll ded.)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herbert R. Brown 8777 Grenada Drive Cincinnati, OH 45231 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Vice President Aggregate Year-to-Date > $ 350.00	$50/mo. payroll deduction	$150 (3 mos. payroll ded.)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Starnes 813 Weymouth Court Cincinnati, OH 45240 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Vice President Aggregate Year-to-Date > $ 210.00	$30/mo. payroll deduction	$90 (3 mos. payroll ded.)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard K. Taulbee 9215 Applecrest Court Cincinnati, OH 45242 Receipt For: ☐ Primary ☐ General ☐ Other (specify): not applicable	The Western and Southern Life Insurance Company Occupation Vice President Aggregate Year-to-Date > $ 350.00	$50/mo. payroll deduction	$150 (3 mos. payroll ded.)

SUBTOTAL of Receipts This Page (optional) $921.00

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

FE4AY101

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
The Western and Southern Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Wuebbling 2949 Pinerridge Avenue Cincinnati, OH 45208 Receipt For: ☐ Primary ☐ General ☐ Other (specify) not applicable	Name of Employer: The Western and Southern Life Insurance Company Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 280.00	$40/mo. payroll deduction	$120 (3 mos. payroll ded.)
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$ 120.00
TOTAL This Period (last page this line number only)	$1,041.00

FEC 3L (Rev. 10/95)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)
The Western and Southern Life Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Montgomery Campaign Committee 210 North Ridge Drive Perrysburg, OH 43551	Candidate for State Attorney General Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	7-20-94	$500.00
B. Supreme Court '94 172 E. State Street, Suite 400 Columbus, OH 43215	Ohio Supreme Court Candidates Cook & Harper Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	7-26-94	$500.00
C. Committee to Elect Guy Guckenberger 3689 Kendall Avenue Cincinnati, OH 45208	Candidate for Hamilton County Commissioner Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	8-22-94	$150.00
D. Citizens for Stinziano 7505 Bunker Hill Road Amanda, OH 43102	Candidate for Ohio House of Representatives Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	8-31-94	$750.00
E. Ohioans for Blackwell 865 Macon Alley Columbus, OH 43206	Candidate for Ohio State Treasurer Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	8-31-94	$250.00
F. Ardette Riley Campaign Fund 3314 Ferncroft Drive Cincinnati, OH 45211	Candidate for Ohio House of Representatives Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	9-8-94	$200.00
G. Victory '94 172 EAst State, Suite 400 Columbus, OH 43215	Purpose of Disbursement Voter Education Turnout for Statewide Candidates Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	9-12-94	$600.00
H. Friends of Lee Fisher 35 E. Gay STreet, Suite 400 Columbus, OH 43215	Candidate for Ohio Attorney General Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	9-12-94	$250.00
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $3,200.00

TOTAL This Period (last page this line number only) $3,200.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The Western and Southern Life Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Mann 1014 Vine Street Suite 2299 Cincinnati, OH 45202	Candidate for U.S. Representative Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9-17-94	$200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $200.00

TOTAL This Period (last page this line number only) $200.00

FE4/NI-9

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10/7/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.A.O.
PREPARER

10/11/94
DATE PREPARED

FEC FORM 70-2 (12/92)