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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  
**KEATING, MUEHNING & KLEKAMP PAC II**

**PAUL V. MUEHNING**

ADDRESS (number and street) **1400 PROVIDENT TOWER**  
**ONE EAST FOURTH STREET**  
Check if different than previously reported. (ACC) **CINCINNATI OH 45202**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**C 0 0 3 4 8 7 9 7** 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 **01/27/03** in the State of **OH**  
(d) 30-Day POST-Election Report for the:  
General (30G)  Runoff (30R)  Special (30S)   
Election on **01/27/03** in the State of **OH**

5. Covering Period **1/1/02** through **12/31/02**

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 **PAUL V. MUEHNING**

Signature of Treasurer *Paul V. Muehning* Date **01/27/2003**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**KEATING, MUETHING & KLEKAMP PAC II**

Report Covering the Period:

From:

1 1 2 6 2 0 0 2

To:

1 2 3 1 2 6 6 2

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2 0 0 2	2 9 9 7 9 0
(b) Cash on Hand at Beginning of Reporting Period	1 6 6 7 9 0	
(c) Total Receipts (from Line 19)		1 7 5 0 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 6 6 7 9 0	4 7 2 7 9 0
7. Total Disbursements (from Line 30)		3 0 6 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 6 6 7 9 0	1 6 6 7 9 0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

**KEATING, MUETHING & KLEKAMP PAC II**

Report Covering the Period: From: 11/1/2002 To: 12/31/2002

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) .....		
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶		7 5 0 0 0
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) ▶		7 5 0 0 0
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 96, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		1 0 0 0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶		1 7 5 0 0 0
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶		1 7 5 0 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

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		
	(ii) Non-Federal Share		
	(b) Other Federal Operating Expenditures		6 0 0 0
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		6 0 0 0
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees		2 0 0 0 0 0
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. §441ad) (use Schedule F)		
26	Loan Repayments Made		
27	Loans Made		
28	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		1 0 0 0 0 0
29	Other Disbursements		
30	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶		3 0 6 0 0 0
31	Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) ▶		3 0 6 0 0 0
<b>III. Net Contributions/Operating Expenditures</b>			
32	Total Contributions (other than loans) (from Line 11(d), page 3)		7 5 0 0 0 0
33	Total Contribution Refunds (from Line 28(d))		
34	Net Contributions (other than loans) (subtract Line 33 from Line 32)		7 5 0 0 0 0
35	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		6 0 0 0
36	Offsets to Operating Expenditures (from Line 16, page 3)		
37	Net Operating Expenditures (subtract Line 36 from Line 35) ▶		6 0 0 0

**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)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 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)

KEATING, MUEHNING & KLEKAMP PAC II

A. Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		[ ] / [ ] / [ ]	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B. Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		[ ] / [ ] / [ ]	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C. Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		[ ] / [ ] / [ ]	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0 0 0
TOTAL This Period (last page this line number only)	0 0 0

**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 1 OF 1	
<input 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)  
**KEATING, MUEHNING & KLNEAMP PAC II**

**A.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date   
Date of Receipt  
Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date   
Date of Receipt  
Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee.  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date   
Date of Receipt  
Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) 0 0 0

**TOTAL** This Period (last page this line number only) 0 0 0

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.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt 1-28-03
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>lee</i>		1-28-03
PREPARER		DATE PREPARED