

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
CINCINNATI BELL INC FEDERAL PAC

ADDRESS (number and street) 221 EAST FOURTH ST.
 Check if different than previously reported. (ACC)
CINCINNATI OH 45202

2. **FEC IDENTIFICATION NUMBER** 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 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 01 01 2006 through 03 31 2006

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 MARK W. PETERSON, TREASURER

Signature of Treasurer Electronically Filed by MARK W. PETERSON, TREASURER Date 04 12 2006

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 (Rev. 02/2003)

Page 2

Write or Type Committee Name
CINCINNATI BELL INC FEDERAL PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">4597.87</td></tr></table>	4597.87	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">4597.87</td></tr></table>	4597.87
Y	Y	Y	Y									
2	0	0	6									
4597.87												
4597.87												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">4597.87</td></tr></table>	4597.87										
4597.87												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">7803.82</td></tr></table>	7803.82	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">7803.82</td></tr></table>	7803.82								
7803.82												
7803.82												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">12401.69</td></tr></table>	12401.69	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">12401.69</td></tr></table>	12401.69								
12401.69												
12401.69												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">5975.00</td></tr></table>	5975.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">5975.00</td></tr></table>	5975.00								
5975.00												
5975.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6426.69</td></tr></table>	6426.69	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">6426.69</td></tr></table>	6426.69								
6426.69												
6426.69												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00										
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2000.26	2000.26
(i) Itemized (use Schedule A)	5803.56	5803.56
(ii) Unitemized	7803.82	7803.82
(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)	7803.82	7803.82
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))	7803.82	7803.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7803.82	7803.82

DETAILED SUMMARY PAGE

of Disbursements

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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.....	1000.00	1000.00
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.....	4975.00	4975.00
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))..	5975.00	5975.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5975.00	5975.00

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)	7803.82	7803.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7803.82	7803.82
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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	

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

Full Name (Last, First, Middle Initial) A. CHARLES R BURKE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6
Mailing Address 7376 WALLINGFORD DR		Transaction ID: B002464S000014L11A1
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 35.35	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer Occupation CINCINNATI BELL INC. VP - INFORMATION TECHNOL	Aggregate Year-to-Date ▼ 212.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHARLES R BURKE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6
Mailing Address 7376 WALLINGFORD DR		Transaction ID: B002470S000014L11A1
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 35.35	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer Occupation CINCINNATI BELL INC. VP - INFORMATION TECHNOL	Aggregate Year-to-Date ▼ 212.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES R BURKE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 7376 WALLINGFORD DR		Transaction ID: B002476S000014L11A1
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 35.35	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer Occupation CINCINNATI BELL INC. VP - INFORMATION TECHNOL	Aggregate Year-to-Date ▼ 212.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	106.05
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
CHARLES R BURKE

Mailing Address 7376 WALLINGFORD DR

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - INFORMATION TECHNOL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.10

Date of Receipt
MM / DD / YYYY
02 / 18 / 2006

Transaction ID: B002482S000014L11A1

Amount of Each Receipt this Period
35.35

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
CHARLES R BURKE

Mailing Address 7376 WALLINGFORD DR

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - INFORMATION TECHNOL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.10

Date of Receipt
MM / DD / YYYY
03 / 04 / 2006

Transaction ID: B002489S000014L11A1

Amount of Each Receipt this Period
35.35

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
CHARLES R BURKE

Mailing Address 7376 WALLINGFORD DR

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - INFORMATION TECHNOL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.10

Date of Receipt
MM / DD / YYYY
03 / 18 / 2006

Transaction ID: B002497S000014L11A1

Amount of Each Receipt this Period
35.35

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	106.05
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. JEFFERY D COLEMAN		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6
Mailing Address 10214 ASH CREEK DR		Transaction ID: B002463S000001L11A1
City UNION State KY Zip Code 41091	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.65
Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS	Aggregate Year-to-Date ▼ 201.90	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JEFFERY D COLEMAN		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6
Mailing Address 10214 ASH CREEK DR		Transaction ID: B002469S000001L11A1
City UNION State KY Zip Code 41091	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.65
Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS	Aggregate Year-to-Date ▼ 201.90	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEFFERY D COLEMAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 10214 ASH CREEK DR		Transaction ID: B002475S000001L11A1
City UNION State KY Zip Code 41091	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.65
Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS	Aggregate Year-to-Date ▼ 201.90	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	100.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
JEFFERY D COLEMAN

Mailing Address 10214 ASH CREEK DR

City State Zip Code
UNION KY 41091

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

Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: B002481S000001L11A1

Amount of Each Receipt this Period
33.65

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
JEFFERY D COLEMAN

Mailing Address 10214 ASH CREEK DR

City State Zip Code
UNION KY 41091

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

Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 6

Transaction ID: B002487S000001L11A1

Amount of Each Receipt this Period
33.65

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
JEFFERY D COLEMAN

Mailing Address 10214 ASH CREEK DR

City State Zip Code
UNION KY 41091

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

Name of Employer CINCINNATI BELL INC. Occupation VP - INTERNAL CONTROLS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 6

Transaction ID: B002498S000001L11A1

Amount of Each Receipt this Period
33.65

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	100.95
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. ANN W CRABLE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 400 PIKE ST UNIT 1008		Transaction ID: B002464S000020L11A1	
City CINCINNATI	State OH	Zip Code 45202	Amount of Each Receipt this Period 92.31
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation SVP - OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.86		

Full Name (Last, First, Middle Initial) B. ANN W CRABLE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 400 PIKE ST UNIT 1008		Transaction ID: B002470S000020L11A1	
City CINCINNATI	State OH	Zip Code 45202	Amount of Each Receipt this Period 92.31
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation SVP - OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.86		

Full Name (Last, First, Middle Initial) C. ANN W CRABLE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 400 PIKE ST UNIT 1008		Transaction ID: B002476S000020L11A1	
City CINCINNATI	State OH	Zip Code 45202	Amount of Each Receipt this Period 92.31
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation SVP - OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.86		

SUBTOTAL of Receipts This Page (optional) ▶	276.93
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
ANN W CRABLE

Mailing Address 400 PIKE ST UNIT 1008

City State Zip Code
CINCINNATI OH 45202

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

Name of Employer Occupation
CINCINNATI BELL SVP - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.86

Date of Receipt
MM / DD / YYYY
02 / 18 / 2006

Transaction ID: B002482S000020L11A1

Amount of Each Receipt this Period
92.31

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
ANN W CRABLE

Mailing Address 400 PIKE ST UNIT 1008

City State Zip Code
CINCINNATI OH 45202

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

Name of Employer Occupation
CINCINNATI BELL SVP - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.86

Date of Receipt
MM / DD / YYYY
03 / 04 / 2006

Transaction ID: B002489S000020L11A1

Amount of Each Receipt this Period
92.31

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
ANN W CRABLE

Mailing Address 400 PIKE ST UNIT 1008

City State Zip Code
CINCINNATI OH 45202

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

Name of Employer Occupation
CINCINNATI BELL SVP - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.86

Date of Receipt
MM / DD / YYYY
03 / 18 / 2006

Transaction ID: B002497S000020L11A1

Amount of Each Receipt this Period
92.31

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	276.93
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. BRIAN G KEATING		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 2521 SALEM ST		Transaction ID: B002463S000004L11A1	
City CINCINNATI	State OH	Zip Code 45208	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation VP - HR & ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. BRIAN G KEATING		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 2521 SALEM ST		Transaction ID: B002469S000005L11A1	
City CINCINNATI	State OH	Zip Code 45208	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation VP - HR & ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. BRIAN G KEATING		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 2521 SALEM ST		Transaction ID: B002475S000004L11A1	
City CINCINNATI	State OH	Zip Code 45208	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL	Occupation VP - HR & ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
BRIAN G KEATING

Mailing Address 2521 SALEM ST

City State Zip Code
CINCINNATI OH 45208

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

Name of Employer Occupation
CINCINNATI BELL VP - HR & ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: B002481S000004L11A1

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
BRIAN G KEATING

Mailing Address 2521 SALEM ST

City State Zip Code
CINCINNATI OH 45208

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

Name of Employer Occupation
CINCINNATI BELL VP - HR & ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 6

Transaction ID: B002487S000004L11A1

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
BRIAN G KEATING

Mailing Address 2521 SALEM ST

City State Zip Code
CINCINNATI OH 45208

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

Name of Employer Occupation
CINCINNATI BELL VP - HR & ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 6

Transaction ID: B002498S000004L11A1

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 27
	<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

Full Name (Last, First, Middle Initial) A. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 600 GARRARD ST		Transaction ID: B002461S000004L11A1	
City COVINGTON	State KY	Zip Code 41011	Amount of Each Receipt this Period 13.53
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) B. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 600 GARRARD ST		Transaction ID: B002467S000003L11A1	
City COVINGTON	State KY	Zip Code 41011	Amount of Each Receipt this Period 13.53
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

Full Name (Last, First, Middle Initial) C. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 600 GARRARD ST		Transaction ID: B002473S000003L11A1	
City COVINGTON	State KY	Zip Code 41011	Amount of Each Receipt this Period 140.70
FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35		

SUBTOTAL of Receipts This Page (optional)	167.76
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 600 GARRARD ST		Transaction ID: B002479S000004L11A1
City State Zip Code COVINGTON KY 41011	Amount of Each Receipt this Period 13.53	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 6
Mailing Address 600 GARRARD ST		Transaction ID: B002488S000004L11A1
City State Zip Code COVINGTON KY 41011	Amount of Each Receipt this Period 13.53	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. MARGARET E MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 600 GARRARD ST		Transaction ID: B002500S000004L11A1
City State Zip Code COVINGTON KY 41011	Amount of Each Receipt this Period 13.53	
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer CINCINNATI BELL INC.	Occupation SR EQUIPMENT SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional) ▶	40.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or 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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 16 / 27
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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. MARK W PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6	
Mailing Address 1002 WESTCHESTER WAY		Transaction ID: B002463S000006L11A1	
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION		
Name of Employer CINCINNATI BELL INC.	Occupation VP - TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.57		

Full Name (Last, First, Middle Initial) B. MARK W PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 1002 WESTCHESTER WAY		Transaction ID: B002469S000007L11A1	
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION		
Name of Employer CINCINNATI BELL INC.	Occupation VP - TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.57		

Full Name (Last, First, Middle Initial) C. MARK W PETERSON		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 1002 WESTCHESTER WAY		Transaction ID: B002475S000006L11A1	
City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION		
Name of Employer CINCINNATI BELL INC.	Occupation VP - TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.57		

SUBTOTAL of Receipts This Page (optional) ▶	112.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
MARK W PETERSON

Mailing Address 1002 WESTCHESTER WAY

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.57

Date of Receipt
MM / DD / YYYY
02 / 18 / 2006

Transaction ID: B002481S000006L11A1

Amount of Each Receipt this Period
44.23

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
MARK W PETERSON

Mailing Address 1002 WESTCHESTER WAY

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.57

Date of Receipt
MM / DD / YYYY
03 / 04 / 2006

Transaction ID: B002487S000006L11A1

Amount of Each Receipt this Period
39.42

PAYROLL DEDUCTION

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

Mailing Address 1002 WESTCHESTER WAY

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
CINCINNATI BELL INC. VP - TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.57

Date of Receipt
MM / DD / YYYY
03 / 18 / 2006

Transaction ID: B002498S000006L11A1

Amount of Each Receipt this Period
39.42

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	123.07
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 6

Transaction ID: B002463S000009L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 6

Transaction ID: B002469S000010L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 6

Transaction ID: B002475S000009L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	144.24
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer Occupation
CINCINNATI BELL INC. VP & GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 6

Transaction ID: B002481S000009L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer Occupation
CINCINNATI BELL INC. VP & GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 6

Transaction ID: B002487S000009L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 1556 BACKWOOD COURT

City State Zip Code
HEBRON KY 41048

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

Name of Employer Occupation
CINCINNATI BELL INC. VP & GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.48

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 6

Transaction ID: B002498S000009L11A1

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	144.24
TOTAL This Period (last page this line number only)	▶	2000.26

**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 20 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address P.O. BOX 17192

City State Zip Code
FT. MITCHELL KY 41017

Purpose of Disbursement
FUNDRAISER

Candidate Name
GEOFF DAVIS

Office Sought: House
 Senate
 President
State: KY District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B002494S000001L23
Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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)

PAGE 21 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
RANDY BLANKENSHIP FOR STATE REP

Mailing Address 319 ERLANGER ROAD

City ERLANGER State KY Zip Code 41018

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002495S000001L29
Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

150.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR SAL SANTORO

Mailing Address PO BOX 82

City UNION State KY Zip Code 41091

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002485S000001L29
Date of Disbursement

02 / 23 / 2006

Amount of Each Disbursement this Period

125.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR JOYCE BEATTY STATE REP

Mailing Address 233 SOUTH HIGH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002502S000003L29
Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**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 22 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT BLESSING		Transaction ID: B002492S000005L29 Date of Disbursement
Mailing Address JOUIS W. BLESSING, JR. TREASURER 3153 MCGILL LANE		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City CINCINNATI	State OH	Zip Code 45251
Purpose of Disbursement FUNDRAISER	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

Full Name (Last, First, Middle Initial) B. BOOK ELECTION COMMITTEE		Transaction ID: B002493S000004L29 Date of Disbursement
Mailing Address 32 STATE ROUTE 239		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City PORTSMOUTH	State OH	Zip Code 45663
Purpose of Disbursement FUNDRAISER	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. DANNY R. BUBP FOR STATE REP COMMITTEE		Transaction ID: B002501S000005L29 Date of Disbursement
Mailing Address 18877 STATE ROUTE 136		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City WINCHESTER	State OH	Zip Code 45697
Purpose of Disbursement FUNDRAISER	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="150.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 23 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
RE-ELECT JIM CARMICHAEL

Mailing Address 2594 TIMOTHY PLACE

City State Zip Code
WOOSTER OH 45324

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B002493S000003L29
Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF BILL COLEY

Mailing Address 8265 CHERRY LAUREL DRIVE

City State Zip Code
MIDDLETOWN OH 45044

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B002492S000001L29
Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

150.00

C. Full Name (Last, First, Middle Initial)
DANIELS FOR STATE REP

Mailing Address 440 NORTH STREET

City State Zip Code
GREENFIELD OH 45123

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B002501S000004L29
Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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

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 24 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. CITIZENS FOR DEWINE		Transaction ID: B002492S000003L29 Date of Disbursement																				
Mailing Address 506 CRISP WIND COURT		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	6													
City FAIRBORN	State OH	Zip Code 45324																				
Purpose of Disbursement FUNDRAISER	<table border="1"><tr><td>011</td></tr></table> Category/Type		011																			
011																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT L. GEORGE DISTEL		Transaction ID: B002493S000001L29 Date of Disbursement																				
Mailing Address 495 MIDDLE ROAD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	6													
City CONNEAUT	State OH	Zip Code 44030																				
Purpose of Disbursement FUNDRAISER	<table border="1"><tr><td>011</td></tr></table> Category/Type		011																			
011																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial) C. FRIENDS OF MATT DOLAN		Transaction ID: B002493S000002L29 Date of Disbursement																				
Mailing Address 100 7TH AVENUE #12		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	6													
City CHARDON	State OH	Zip Code 44024																				
Purpose of Disbursement FUNDRAISER	<table border="1"><tr><td>011</td></tr></table> Category/Type		011																			
011																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>550.00</td></tr></table>	550.00
550.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 25 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DRIEHAUS COMMITTEE		Transaction ID: B002501S000003L29
Mailing Address 1157 OVERLOOK AVENUE		Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
City CINCINNATI	State OH	Amount of Each Disbursement this Period 250.00
Zip Code 45238		
Purpose of Disbursement FUNDRAISER	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HAGAN FOR STATE REPRESENTATIVE		Transaction ID: B002501S000002L29
Mailing Address 11301 MARLBORO AVENUE NE		Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
City ALLIANCE	State OH	Amount of Each Disbursement this Period 300.00
Zip Code 44601		
Purpose of Disbursement FUNDRAISER	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MALLORY FOR CITIZENS		Transaction ID: B002495S000002L29
Mailing Address 907 DAYTON STREET		Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
City CINCINNATI	State OH	Amount of Each Disbursement this Period 300.00
Zip Code 45214		
Purpose of Disbursement FUNDRAISER	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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 26 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
MONTGOMERY CAMPAIGN COMMITTEE

Mailing Address 199 S. FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002502S000001L29
Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIEND OF CJ PRENTISS

Mailing Address 813 EAST BLVD.

City CLEVELAND State OH Zip Code 44108

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002504S000001L29
Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

200.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM RAUSSEN

Mailing Address 661 PARK AVENUE

City CINCINNATI State OH Zip Code 45246

Purpose of Disbursement
FUNDRAISER

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B002492S000004L29
Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ►

1400.00

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

**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 27 / 27

<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)
CINCINNATI BELL INC FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. COMMITTEE TO ELECT FRED STRAHORN

Transaction ID: B002492S000002L29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	0	6

Mailing Address 531 BELMONTE PARK
APARTMENT 1001

City DAYTON State OH Zip Code 45405

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
FUNDRAISER

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. CITIZENS FOR WAGONER

Transaction ID: B002493S000005L29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	0	6

Mailing Address 3331 PELHAM ROAD

City TOLEDO State OH Zip Code 43606

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
FUNDRAISER

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

400.00

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

4975.00
