

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2001 JUL 30 P 1:11

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**  
**KEATING, MUEPHING & KLEKAMP PAC II**

**PAUL V. MUEPHING**

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 **C 00348797** CITY STATE ZIP CODE

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 **01 01 2001** through **06 30 2001**

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. MUEPHING**

Signature of Treasurer *Paul V. Muething* Date **07 28 2001**

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

Office Use Only **FEC FORM 3X**  
(Revised 1/01)

**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: **01 01 2001** To: **06 30 2001**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2001</b>	<b>2001</b>	<b>171790</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>171790</b>	
(c) Total Receipts (from Line 18)	<b>250000</b>	<b>250000</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<b>421790</b>	<b>421790</b>
7. Total Disbursements (from Line 30)	<b>137000</b>	<b>137000</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>284790</b>	<b>284790</b>
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)		

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 SX (Revised 1/01)

Page 3

Write or Type Committee Name

**KEATING, MUETHING & KLREAMP PAC II**

Report Covering the Period: From: 01 / 01 / 2001 To: 06 / 30 / 2001

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) .....	250,000	
(ii) Unitemized .....		
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	250,000	250,000
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	250,000	250,000
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 38, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
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) .....	250,000	250,000
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	250,000	250,000

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 8X (Revised 1/01)

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 .....	1 2 0 0 0	1 2 0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1 2 0 0 0	1 2 0 0 0
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1 2 5 0 0 0	1 2 5 0 0 0
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (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)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	1 3 7 0 0 0	1 3 7 0 0 0
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	1 3 7 0 0 0	1 3 7 0 0 0

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2 5 0 0 0 0	2 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) .....		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1 2 0 0 0	1 2 0 0 0
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	1 2 0 0 0	1 2 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: PAGE 1 OF 1

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

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

NAME OF COMMITTEE (in full)

KEATING, MUETHING & KLEKAMP PAC II

Full Name (Last, First, Middle Initial)

A. KEATING, MUETHING & KLEKAMP, P.L.L.

Mailing Address

1400 Provident Tower, One East Fourth St.

City Cincinnati, OH State Zip Code 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0 0

Date of Receipt

0 5 / 1 7 / 2 0 0 1

Amount of Each Receipt this Period

2 5 0 0 0 0

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

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.

C

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) ▶

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

2 5 0 0 0 0  
 2 5 0 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 3

<input checked="" 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

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, MUETHING & KLEKAMP PAC II

Full Name (Last, First, Middle Initial) <b>A. THE PROVIDENT BANK</b>		Date of Disbursement 01 / 16 / 2001
Mailing Address ONE EAST FOURTH STREET City State Zip Code CINCINNATI, OH 45202		Amount of Each Disbursement this Period 2000
Purpose of Disbursement Bank Service Charge	Category/Type 001	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. THE PROVIDENT BANK</b>		Date of Disbursement 02 / 15 / 2001
Mailing Address ONE EAST FOURTH STREET City State Zip Code CINCINNATI, OH 45202		Amount of Each Disbursement this Period 2000
Purpose of Disbursement Bank Service Charge	Category/Type 001	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. THE PROVIDENT BANK</b>		Date of Disbursement 03 / 15 / 2001
Mailing Address ONE EAST FOURTH STREET City State Zip Code CINCINNATI, OH 45202		Amount of Each Disbursement this Period 2000
Purpose of Disbursement Bank Service Charge	Category/Type 001	
Candidate Name	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) .....

6000

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)

<input checked="" 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 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, MUETHING & KLEKAMP, PAC II**

Full Name (Last, First, Middle Initial)

**A.**

**THE PROVIDENT BANK**

Mailing Address  
**ONE EAST FOURTH STREET**

City **CINCINNATI, OH** State Zip Code **45202**

Purpose of Disbursement  
**Bank Service Charge**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

04 / 16 / 2001

Amount of Each Disbursement this Period

2000

001  
Category/Type

**B.**

**THE PROVIDENT BANK**

Mailing Address  
**ONE EAST FOURTH STREET**

City **CINCINNATI, OH** State Zip Code **45202**

Purpose of Disbursement  
**Bank Service Charge**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

05 / 15 / 2001

Amount of Each Disbursement this Period

2000

001  
Category/Type

**C.**

**THE PROVIDENT BANK**

Mailing Address  
**ONE EAST FOURTH STREET**

City **CINCINNATI, OH** State Zip Code **45202**

Purpose of Disbursement  
**Bank Service Charge**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

06 / 20 / 2001

Amount of Each Disbursement this Period

2000

001  
Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (list page this line number only)

6000

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

<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				

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 committees.

NAME OF COMMITTEE (in full)  
KEATING, MUETBING & KLEKAMP PAC II

Full Name (Last, First, Middle Initial)

A.

CHABOT FOR CONGRESS

Mailing Address

3014 HARRISON AVENUE

City State Zip Code

CINCINNATI, OH 45211

Purpose of Disbursement

2002 Congressional Campaign

Candidate Name

Steve Chabot

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: OH District: 2nd

Date of Disbursement

05 / 16 / 2001

Amount of Each Disbursement this Period

1,250.00

0 1 1  
Category/  
Type

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

Amount of Each Disbursement this Period

Category/  
Type

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

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,250.00

1,370.00



**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 <i>7-30-01</i>
<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>SEL</i> PREPARER	<i>7-30-01</i> DATE PREPARED