

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CINCINNATI BELL INC FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="18381.35"/>	<input type="text" value="18381.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19893.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1119.93"/>	<input type="text" value="4681.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21013.33"/>	<input type="text" value="23063.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="600.00"/>	<input type="text" value="2650.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20413.33"/>	<input type="text" value="20413.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CINCINNATI BELL INC FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 04 / 30 / 2015

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).....	688.08	1655.02
(ii) Unitemized	431.85	3026.96
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1119.93	4681.98
(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)	1119.93	4681.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1119.93	4681.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1119.93	4681.98

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	600.00	1150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	600.00	2650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	600.00	2650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1119.93	4681.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1119.93	4681.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<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

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

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

A. LEIGH R FOX
Full Name (Last, First, Middle Initial)

Mailing Address 5690 CHESTNUT RIDGE DR

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.62**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2015

Transaction ID : B003883S000004L11A1

Amount of Each Receipt this Period

48.87

PAYROLL DEDUCTION

B. LEIGH R FOX
Full Name (Last, First, Middle Initial)

Mailing Address 5690 CHESTNUT RIDGE DR

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation CHIEF FINANCIAL OFFICER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.62**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2015

Transaction ID : B003884S000004L11A1

Amount of Each Receipt this Period

48.87

PAYROLL DEDUCTION

C. KEVIN J MURRAY
Full Name (Last, First, Middle Initial)

Mailing Address 1322 MICHIGAN AVE

City CINCINNATI	State OH	Zip Code 45208
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SR VP/CIO, IT & NETWORK
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2015

Transaction ID : B003885S000014L11A1

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	127.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<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

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

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

A. KEVIN J MURRAY
Full Name (Last, First, Middle Initial)

Mailing Address 1322 MICHIGAN AVE

City CINCINNATI State OH Zip Code 45208

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

Name of Employer CINCINNATI BELL INC. Occupation SR VP/CIO, IT & NETWORK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 18 / 2015**
Transaction ID : **B003886S000014L11A1**

Amount of Each Receipt this Period **30.00**

PAYROLL DEDUCTION

B. CHRISTINA M NEISES
Full Name (Last, First, Middle Initial)

Mailing Address 11098 S. LICKING PIKE

City ALEXANDRIA State KY Zip Code 41001

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

Name of Employer CINCINNATI BELL INC. Occupation SR DIR-SVC MGMT & GOVERN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.25**

Date of Receipt **04 / 04 / 2015**
Transaction ID : **B003885S000015L11A1**

Amount of Each Receipt this Period **28.17**

PAYROLL DEDUCTION

C. CHRISTINA M NEISES
Full Name (Last, First, Middle Initial)

Mailing Address 11098 S. LICKING PIKE

City ALEXANDRIA State KY Zip Code 41001

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

Name of Employer CINCINNATI BELL INC. Occupation SR DIR-SVC MGMT & GOVERN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.25**

Date of Receipt **04 / 18 / 2015**
Transaction ID : **B003886S000015L11A1**

Amount of Each Receipt this Period **28.17**

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **86.34**

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

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

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

A. NEIL D OKONAK
Full Name (Last, First, Middle Initial)
Mailing Address 3623 ARCHER AVE

City CINCINNATI	State OH	Zip Code 45208
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SR DIR ENT PROG, PROC, L
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2015

Transaction ID : B003885S000017L11A1

Amount of Each Receipt this Period

33.16

PAYROLL DEDUCTION

B. NEIL D OKONAK
Full Name (Last, First, Middle Initial)
Mailing Address 3623 ARCHER AVE

City CINCINNATI	State OH	Zip Code 45208
--------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation SR DIR ENT PROG, PROC, L
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2015

Transaction ID : B003886S000017L11A1

Amount of Each Receipt this Period

33.16

PAYROLL DEDUCTION

C. THEODORE H TORBECK
Full Name (Last, First, Middle Initial)
Mailing Address 11225 RIVERSEDGE CT

City LOVELAND	State OH	Zip Code 45140
------------------	-------------	-------------------

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

Name of Employer CINCINNATI BELL INC.	Occupation PRESIDENT & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2015

Transaction ID : B003883S000005L11A1

Amount of Each Receipt this Period

115.38

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	181.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<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

A. THEODORE H TORBECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11225 RIVERSEDGE CT
 City State Zip Code
 LOVELAND OH 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CINCINNATI BELL INC. PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : B003884S000005L11A1
 Amount of Each Receipt this Period
 115.38
 PAYROLL DEDUCTION

B. MICHAEL S VANDERWOUDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11243 GRANDON RIDGE CIR
 City State Zip Code
 MONTGOMERY OH 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CINCINNATI BELL INC. SVP & GM CONSUMER MARKET
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : B003883S000006L11A1
 Amount of Each Receipt this Period
 38.46
 PAYROLL DEDUCTION

C. MICHAEL S VANDERWOUDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11243 GRANDON RIDGE CIR
 City State Zip Code
 MONTGOMERY OH 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CINCINNATI BELL INC. SVP & GM CONSUMER MARKET
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : B003884S000006L11A1
 Amount of Each Receipt this Period
 38.46
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	192.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. CHRISTOPHER J WILSON		Date of Receipt
Mailing Address 598 RIVERSHORE DRIVE		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
HEBRON	KY	41048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : B003883S000008L11A1
Name of Employer	Occupation	Amount of Each Receipt this Period
CINCINNATI BELL INC.	VP & GENERAL COUNSEL	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAYROLL DEDUCTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER J WILSON		Date of Receipt
Mailing Address 598 RIVERSHORE DRIVE		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
HEBRON	KY	41048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : B003884S000008L11A1
Name of Employer	Occupation	Amount of Each Receipt this Period
CINCINNATI BELL INC.	VP & GENERAL COUNSEL	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAYROLL DEDUCTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="688.08"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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. BRINKMAN CAMPAIGN COMMITTEE

Mailing Address PO BOX 9714

City CINCINNATI State OH Zip Code 45209

Purpose of Disbursement
2016 PRIMARY ELECTION

011

Candidate Name

THOMAS E BRINKMAN JR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : B003879S000001L29

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF TIM DERICKSON

Mailing Address 2700 MILLVILLE OXFORD ROAD

City OXFORD State OH Zip Code 45056

Purpose of Disbursement
2016 PRIMARY ELECTION

011

Candidate Name

TIMOTHY DERICKSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 53

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : B003880S000001L29

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

600.00

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

600.00