

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CINCINNATI BELL INC FEDERAL PAC

ADDRESS (number and street) 221 E FOURTH STREET (103-1050)

(Check if address is changed)

CINCINNATI

CITY ▲

OH

STATE ▲

45202

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

micropac@micropac.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 05 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00087478

4. IS THIS STATEMENT NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DUCKWORTH, JOSHUA, , ,

Signature of Treasurer

DUCKWORTH, JOSHUA, , ,

[Electronically Filed]

Date

12 / 05 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

CINCINNATI BELL INC FEDERAL PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CINCINNATI BELL INC

Mailing Address

221 E FOURTH STREET (103-1050)

CINCINNATI

OH

45202

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DONELSON, BILL, , ,

Mailing Address PO BOX 24553

NASHVILLE

TN

37202-4553

Title or Position

CITY

STATE

ZIP CODE

PAC ADMINISTRATOR

Telephone number 615 - 491 - 2140

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DUCKWORTH, JOSHUA, , ,

Mailing Address 221 E FOURTH STREET (103-1050)

CINCINNATI

OH

45202

CITY

STATE

ZIP CODE

Title or Position TREASURER

Telephone number 513 - 397 - 2292

Full Name of Designated Agent HUBER, ANGELA, , ,

Mailing Address 221 E FOURTH STREET (103-1070) CINCINNATI OH 45202 CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number 513 397 7812

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK

Mailing Address TREASURY MANAGEMENT CLIENT CARE ONE FINANCIAL PARKWAY Z1-YB42-03-1 KALAMAZOO MI 49009 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address