

# 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  
SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

ADDRESS (number and street) 1201 PENNSYLVANIA AVENUE NW  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20004

2. **FEC IDENTIFICATION NUMBER** C00444935  
**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 2010 through 01 31 2010

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 Robert D. Lehman

Signature of Treasurer Electronically Filed by Robert D. Lehman Date 02 11 2010

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS 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="2010"/>		116073.01
(b) Cash on Hand at Beginning of Reporting Period .....	116073.01	
(c) Total Receipts (from Line 19) .....	1050.00	1050.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	117123.01	117123.01
7. Total Disbursements (from Line 31) .....	24280.00	24280.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92843.01	92843.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

Report Covering the Period: From:    To:

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) .....	1050.00	1050.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1050.00	1050.00
(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) .....	1050.00	1050.00
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)) .....	1050.00	1050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1050.00	1050.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	25280.00	25280.00
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))..	24280.00	24280.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24280.00	24280.00

**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) .....	1050.00	1050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1050.00	1050.00
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:	PAGE 6 / 15
	(check only one)	
<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)  
SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

**A.**

Full Name (Last, First, Middle Initial) David W. Kreutzberg		Date of Receipt MM / DD / YYYY 01 / 06 / 2010
Mailing Address 6656 N. Lost Dutchman Dr.		<b>Transaction ID:</b> SA11AI.9214
City Paradise Valley	State AZ	Zip Code 85253
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00	
Name of Employer Squire, Sanders & Dempsey LLP	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Daniel Larkin		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
Mailing Address 20 Albury Road Walton on Thames		<b>Transaction ID:</b> SA11AI.9220
City England KT125D	State ZZ	Zip Code 00000
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 750.00	
Name of Employer Squire, Sanders & Dempsey LLP	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1050.00

**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 7 / 15

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

A.

Full Name (Last, First, Middle Initial)  
Squire, Sanders & Dempsey LLP

Mailing Address 1300 Huntington Center  
41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Legal and Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.9259

Date of Disbursement

01 / 31 / 2010

Amount of Each Disbursement this Period

0.00

[MEMO ITEM]

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

0.00

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

0.00

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.9259**

Legal and accounting services valued at \$16,522.50 have been provided to the PAC to maintain compliance with federal campaign finance law. The legal and accounting personnel providing these services are Mary Mertz, Alison DeGiorgio, and Tim Carroll.



**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 9 / 15

<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)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

A.

Full Name (Last, First, Middle Initial)  
CHARLIE CRIST FOR US SENATE

Mailing Address PO BOX 1694

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
CHARLIE CRIST

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.9219

Date of Disbursement

01 / 27 / 2010

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

A. Form/Schedule : **SB23**

Campaign committee returned contribution due to a damaged check.

Transaction ID : **SB23.9219**

# 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

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NAME OF COMMITTEE (In Full)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

<p><b>A.</b> Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address Homer Davis, Treasurer 4086 Irvine Oval</p> <p>City Medina State OH Zip Code 44256</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name Bill Batchelder</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9230 <b>Date of Disbursement</b> 01 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Josh Mandel</p> <p>Mailing Address 1500 West Third St. Suite 120</p> <p>City Cleveland State OH Zip Code 44113</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name Josh Mandel</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9231 <b>Date of Disbursement</b> 01 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Pepper Committee</p> <p>Mailing Address Donald Mooney, Treasurer 600 Vine Street, Suite 2800</p> <p>City Cincinnati State OH Zip Code 45202</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name David Pepper</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9226 <b>Date of Disbursement</b> 01 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

4000.00

**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)

<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)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Troy <hr/> Mailing Address 7290 Southmeadow Drive <hr/> City Concord State OH Zip Code 44077 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name Dan Troy <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.9223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 280.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney <hr/> Mailing Address 353 E. Torrence Road <hr/> City Columbus State OH Zip Code 43214 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name John Patrick Carney <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.9239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) County Action Committee <hr/> Mailing Address 4033 Harding Drive <hr/> City Westlake State OH Zip Code 44145 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name County Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.9224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 7500.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8280.00

**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)

<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)  
SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

A.	Full Name (Last, First, Middle Initial) Friends of Barbara Boyd	Transaction ID: SB29.9240 Date of Disbursement
	Mailing Address Cheryl Horowitz, Treasurer 3623 Cummings Road	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Cleveland Heights State OH Zip Code 44118	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="500.00"/>
	Candidate Name Barbara Boyd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends of Marlene B. Anielski	Transaction ID: SB29.9227 Date of Disbursement
	Mailing Address Grace L. Drake, Treasurer 5954 Briarwood Lane	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Solon State OH Zip Code 44139	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="500.00"/>
	Candidate Name Marlene Anielski	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Friends of Mike Foley	Transaction ID: SB29.9238 Date of Disbursement
	Mailing Address 3525 Carrmunn Avenue	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Cleveland State OH Zip Code 44111	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="250.00"/>
	Candidate Name Mike Foley	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> 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)

<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)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

A.

Full Name (Last, First, Middle Initial)  
Friends of Mike Moran

Transaction ID: SB29.9235  
Date of Disbursement

Mailing Address Barbara Moran, Treasurer  
93 East Case Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

City Hudson State OH Zip Code 44236

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Nonfederal Contribution

011
-----

Category/  
Type

Candidate Name  
Mike Moran

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Friends of Timothy J. DeGeeter

Transaction ID: SB29.9234  
Date of Disbursement

Mailing Address 5546 Pearl Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

City Parma State OH Zip Code 44129

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Nonfederal Contribution

011
-----

Category/  
Type

Candidate Name  
Timothy DeGeeter

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ohio House Republican Organizational Committee

Transaction ID: SB29.9232  
Date of Disbursement

Mailing Address Matt Huffman, Chair  
4679 Winterset Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

City Columbus State OH Zip Code 43220

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Nonfederal Contribution

011
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Category/  
Type

Candidate Name  
Ohio House Republican Organizational Committee

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1750.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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 15 / 15

<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)

SQUIRE SANDERS AND DEMPSEY LLP POLITICAL ACTION COMMITTEE 'SQUIRE SANDERS PAC'

A.	Full Name (Last, First, Middle Initial) Strickland for Governor	Transaction ID: SB29.9216 Date of Disbursement
	Mailing Address c/o Boomer Schmidt PO Box 293	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="5000.00"/>
	Candidate Name Ted Strickland	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Summit County Democratic Party	Transaction ID: SB29.9221 Date of Disbursement
	Mailing Address 438 Grant Street	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Akron State OH Zip Code 44311	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="5000.00"/>
	Candidate Name Summit County Democratic Party	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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