

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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  
Schmidt for Congress Committee

ADDRESS (number and street) 771 Wards Corner Rd  
 Check if different than previously reported. (ACC)  
Loveland OH 45140

2. **FEC IDENTIFICATION NUMBER** C00410647  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
OH 02

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)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of OH

5. Covering Period 10 14 2010 through 11 22 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 Phillip Greenberg

Signature of Treasurer Electronically Filed by Phillip Greenberg Date 12 02 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.

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 55

Write or Type Committee Name

Schmidt for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	61655.00	1043349.02
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61655.00	1042149.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	166849.92	844373.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7371.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	166849.92	837002.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	126480.74	
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).....	274150.00	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name  
Schmidt for Congress Committee

Report Covering the Period: From:    To:

**I. RECEIPTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2010"/> (date of general election)	<b>COLUMN C</b> Total for <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2010"/> (date after general election)  through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2010"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (Use Schedule A)	<input type="text" value="24242.00"/>	<input type="text" value="638762.60"/>	<input type="text" value="902.00"/>
(ii) Unitemized	<input type="text" value="2663.00"/>	<input type="text" value="75509.67"/>	<input type="text" value="101.00"/>
(iii) Total of contributions from individuals	<input type="text" value="26905.00"/>	<input type="text" value="714272.27"/>	<input type="text" value="1003.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="3100.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="34750.00"/>	<input type="text" value="323904.75"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	2072.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
61655.00	1043349.02	1003.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	7371.09	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	130.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
61655.00	1050850.11	1003.00

**POST ELECTION DETAILED SUMMARY PAGE**

Write or Type Committe Name

Schmidt for Congress Committee

Report the covering period

From:

MM 10 DD 14 YYYY 2010

To:

MM 11 DD 22 YYYY 2010

**II. DISBURSEMENTS**

<b>COLUMN A</b> Total this period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
166849.92	844373.78	14695.78
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
3000.00	3000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
3000.00	3000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	25.00	0.00
(b) Political Party Committees		
0.00	1175.00	0.00

**POST ELECTION DETAILED  
SUMMARY PAGE**

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )		
0.00	1200.00	0.00
21. OTHER DISBURSEMENTS		
7200.00	132860.56	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
177049.92	981434.34	14695.78

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

61655.00	1042149.02	1003.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

166849.92	837002.69	14695.78
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	241875.66
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	61655.00
25. SUBTOTAL(add Line 23 and Line 24) .....	303530.66
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	177049.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	126480.74

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
Schmidt for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Acklen</p> <p>Mailing Address 6300 Redbird Hollow Ln</p> <p>City State Zip Code Cincinnati OH 45243-3353</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 01201.C10221</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Bonnie Jo Ariss</p> <p>Mailing Address 234 Iroquois Dr</p> <p>City State Zip Code Lebanon OH 45036-9665</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 01201.C10264</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Doug Auxier</p> <p>Mailing Address 2698 Old State Route 32</p> <p>City State Zip Code Batavia OH 45103-3208</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Auxier Gas Inc.      Occupation Ceo</p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 01201.C10191</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2700.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Beck		Date of Receipt
	Mailing Address 7234 Abilene Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Mason	OH	45040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01201.C10290
Name of Employer State Of Ohio		Occupation Representative	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) William Becker		Date of Receipt
	Mailing Address 8260 Bridle Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45244-2530
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01201.C10280
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 200.00	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Cheryl Bernstein		Date of Receipt
	Mailing Address 8975 Canyon Ridge Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45249
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 01201.C10190
Name of Employer Bernstein Research Center		Occupation Nurse	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David L. Brennan

Mailing Address 850 Nelsons Walk

City State Zip Code  
Naples FL 34102

FEC ID number of contributing federal political committee. C

Name of Employer Brennan Group      Occupation Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

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

**Transaction ID:** 01201.C10211

Amount of Each Receipt this Period  
2400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Suzanne M. Brown

Mailing Address 325 Buena Vista Drive

City State Zip Code  
South Lebanon OH 45065

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

**Transaction ID:** 01020.C10163

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Faith Bryan

Mailing Address 821 Floral Avenue

City State Zip Code  
Terrace Park OH 45174

FEC ID number of contributing federal political committee. C

Name of Employer Civic Volunteer      Occupation Civic Volunteer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** 01020.C10170

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 4500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Otto Budig Jr.		Date of Receipt
	Mailing Address 1100 Gest St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45203-1114
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10196
Name of Employer Parsec		Occupation President	Amount of Each Receipt this Period
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Otto Budig Jr.		Date of Receipt
	Mailing Address 1100 Gest St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45203-1114
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10195
Name of Employer Parsec		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
			Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A. Castrucci		Date of Receipt
	Mailing Address 9825 Fox Hollow		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45243
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10265
Name of Employer Castrucci Automotive		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
James R. Chandler

Mailing Address 419 N. East Street

City State Zip Code  
Bethel OH 45106

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** 01020.C10167

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Marsha McSpadden Clarke

Mailing Address 3483 Forestoak Ct

City State Zip Code  
Cincinnati OH 45208-1842

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3200.00

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

**Transaction ID:** 01201.C10285

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sylvan Davis

Mailing Address 1633 Galena Pike

City State Zip Code  
West Portsmouth OH 45663-6051

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

Name of Employer S. S. Davis Realty Occupation Realtor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 255.00

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

**Transaction ID:** 01201.C10188

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Gorman L. Dillingham

Mailing Address 826 State Rout 131

City Milford State OH Zip Code 45150

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2010  
**Transaction ID:** 01201.C10253  
 Amount of Each Receipt this Period 100.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Francis Dugan

Mailing Address 5572 Mapleridge Dr

City Cincinnati State OH Zip Code 45227-1324

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

Name of Employer Dugan & Meyers Constructi-on Co Occupation Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2010  
**Transaction ID:** 01201.C10273  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Ferguson

Mailing Address 645 Loveland Miamiville Rd

City Loveland State OH Zip Code 45140-6932

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt 10 / 29 / 2010  
**Transaction ID:** 01201.C10250  
 Amount of Each Receipt this Period 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph S. Glassmeyer II		Date of Receipt
	Mailing Address 709 St. Rt. 133		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Felcity	OH	45120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10296
Name of Employer Self		Occupation Farming	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 275.00	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Government Strategies Group LLC		Date of Receipt
	Mailing Address 700 Walnut St. Ste. 205		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10287
Name of Employer Self		Occupation Consulting	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Gerhardt		Date of Receipt
	Mailing Address 1400 Provident Tower		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01201.C10288
Name of Employer Government Strategies Gro- up		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 3000.00	Memo
			<b>[MEMO ITEM]</b> Partnership->Government Strategies Group LLC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Stuart L. Greenberg		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 1636 R.F.D. Brittany Ct.		Transaction ID: 01201.C10218
	City Lake Zurich	State IL	Zip Code 60047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Capmark Finance	Occupation Mortgage Banker	Receipt

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Frederick D. Haffner		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1226 W Rookwood Dr.		Transaction ID: 01201.C10243
	City Cincinnati	State OH	Zip Code 45208-3338
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self	Occupation Physician	Receipt

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1950.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert H. Hart		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 9403 Kenwood Rd., Ste. D - 105		Transaction ID: 01201.C10255
	City Cincinnati	State OH	Zip Code 45242
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Seneca Financial Management	Occupation Executive	Receipt

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L. Hinman Jr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 4153 Spring Mill Way	Transaction ID: 01201.C10270
	City State Zip Code Maineville OH 45039-9289	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Hirschfeld	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 6878 Stonington Rd	Transaction ID: 01201.C10238
	City State Zip Code Cincinnati OH 45230-3811	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Gradon Head & Ritchey Llp Attorney	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Jacobson	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5904 Meadowbrook Drive	Transaction ID: 01026.C10179
	City State Zip Code Morrison CO 80465	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation USEC Executive	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert L. Jennings

Mailing Address 6851 Plainfield Rd

City State Zip Code  
Cincinnati OH 45236-4054

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** 01201.C10256

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Curtis Katz

Mailing Address 29 Barstow Rd Ste 202

City State Zip Code  
Great Neck NY 11021-2209

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

Name of Employer Self Occupation Real Estate

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

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

**Transaction ID:** 01201.C10187

Amount of Each Receipt this Period  
360.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Howard Mayers

Mailing Address 6804 Glen Acres Dr

City State Zip Code  
Cincinnati OH 45237-3628

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

Name of Employer Mayers Electric Co. Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1160.00

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

**Transaction ID:** 01201.C10232

Amount of Each Receipt this Period  
180.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **790.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert H. McCormick, Jr.  
Mailing Address 3507 Forestoak Court

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0  
**Transaction ID:** 01201.C10234  
 Amount of Each Receipt this Period 50.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Vail Miller  
Mailing Address 3629 Red Oak Rd

City State Zip Code  
Oregonia OH 45054-9763

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

Name of Employer Heidelberg Dist. Co Occupation Co-Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 2 / 2 0 1 0  
**Transaction ID:** 01201.C10219  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Mylod  
Mailing Address 281 Plantation Cir. S.

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 8 / 2 0 1 0  
**Transaction ID:** 01020.C10172  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Larry Neuman

Mailing Address 9190 Coachtrail Ln

City State Zip Code  
Cincinnati OH 45242-4681

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

Name of Employer Occupation  
Strauss & Troy Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** 01201.C10267

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert C Rhein

Mailing Address 7265 Kenwood Rd Ste 220

City State Zip Code  
Cincinnati OH 45236-4411

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

Name of Employer Occupation  
Robert C. Rhein Interests Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** 01201.C10295

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Daniel Rolfes

Mailing Address 1252 Goshen Pike

City State Zip Code  
Milford OH 45150-2297

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

Name of Employer Occupation  
Holiday Homes Ceo

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID:** 01201.C10200

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jon Schlosser

Mailing Address 11210 Terwilligers Run Dr

City State Zip Code  
Cincinnati OH 45249-2746

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

Name of Employer Occupation  
Centria Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: 01020.C10164

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles F. Schneider

Mailing Address 68 Raymond Ave.

City State Zip Code  
Rutherford NJ 07070

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: 01201.C10271

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Daniel P. Shannon, Jr.

Mailing Address 8857 Lyncris Dr

City State Zip Code  
Cincinnati OH 45242-7315

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: 01201.C10198

Amount of Each Receipt this Period  
50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph Smyjunas

Mailing Address 9064 Ridgeway Close

City State Zip Code  
Cincinnati OH 45236-1462

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

Name of Employer Occupation  
Vandercar Holdings Inc Ceo

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

**Transaction ID:** 01201.C10184

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Arthur Snider

Mailing Address 6819 Linton Rd

City State Zip Code  
Goshen OH 45122-9289

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** 01201.C10192

Amount of Each Receipt this Period  
2.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
H. Gregg St. John

Mailing Address 2758 Afton Valley Court

City State Zip Code  
Maineville OH 45039

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

Name of Employer Occupation  
EMG Consulting President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2010

**Transaction ID:** 01201.C10199

Amount of Each Receipt this Period  
200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **702.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 55  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph A. Steiner  
Mailing Address 4284 Hanover Dr.  
City Mason State OH Zip Code 45040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Farmer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 200.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Anna M. Stillwell  
Mailing Address 2911 Cedar St  
City Portsmouth State OH Zip Code 45662-2608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 100.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronald Wilhelm  
Mailing Address 7500 Willowbrook Ln  
City Cincinnati State OH Zip Code 45237-2228  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Communicare Occupation Attorney  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joel T. Wilson

Mailing Address 1262 Secretariat Court

City State Zip Code  
Batavia OH 45103

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

Name of Employer Occupation  
Self Real Estate Broker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt

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

Transaction ID: 01201.C10213

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Eric B. Yeiser

Mailing Address 441 Vine St Ste 4001

City State Zip Code  
Cincinnati OH 45202-3012

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 01201.C10231

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Richard A. Yost

Mailing Address 3427 N Mason Montgomery Rd

City State Zip Code  
Mason OH 45040-9244

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

Name of Employer Occupation  
Yost Pharmacy Pharmacist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01201.C10268

Amount of Each Receipt this Period

100.00

Receipt

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

400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 55  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Mike Zicka

Mailing Address 7861 E Kemper Rd

City State Zip Code  
Cincinnati OH 45249-1622

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

Name of Employer Occupation  
Zicka Walker Homes Ceo

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

Transaction ID: 01201.C10193

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24242.00

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

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

FOR LINE NUMBER: PAGE 24 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch PAC  
Mailing Address 1401 I St NW Ste 200  
City Washington State DC Zip Code 20005-6549  
FEC ID number of contributing federal political committee. **C** C00034488  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 11 / 01 / 2010  
Transaction ID: 01201.C10220  
Amount of Each Receipt this Period 1500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Cincinnati Right To Life PAC  
Mailing Address 3464 Nandale Dr  
City Cincinnati State OH Zip Code 45239-4073  
FEC ID number of contributing federal political committee. **C** C90009119  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 150.00  
Date of Receipt 10 / 16 / 2010  
Transaction ID: 01020.C10168  
Amount of Each Receipt this Period 150.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
CME/CBOT PAC  
Mailing Address 20 S Wacker Dr.  
City Chicago State IL Zip Code 60606  
FEC ID number of contributing federal political committee. **C** C00076299  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 10 / 29 / 2010  
Transaction ID: 01201.C10240  
Amount of Each Receipt this Period 2000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3650.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Croplife America PAC

Mailing Address 1156 15th Street NW  
Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2010  
**Transaction ID:** 01201.C10212  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
CSX Corp. Good Government Fund

Mailing Address 1331 Pennsylvania Ave NW Ste 560

City Washington State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 10 / 15 / 2010  
**Transaction ID:** 01020.C10176  
 Amount of Each Receipt this Period 3000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Engineers Political Education Comm.

Mailing Address 1125 17th St NW

City Washington State DC Zip Code 20036-4707

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 16 / 2010  
**Transaction ID:** 01020.C10174  
 Amount of Each Receipt this Period 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Farm Credit PAC

Mailing Address 50 F St NW Ste 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2010  
**Transaction ID:** 01201.C10289  
 Amount of Each Receipt this Period 3000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Fifth Third Bancorp Political Action Com

Mailing Address 550 E Walnut St

City Columbus State OH Zip Code 43215-5323

FEC ID number of contributing federal political committee. **C** C00290502

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 14 / 2010  
**Transaction ID:** 01020.C10175  
 Amount of Each Receipt this Period 2000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Frozen Food PAC

Mailing Address 2000 Corporate Rdg., Ste. 1000

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00385740

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010  
**Transaction ID:** 01201.C10284  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 55
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Independent Community Bankers Of America	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 1615 L St NW Ste 900	Transaction ID: 01020.C10177
	City State Zip Code Washington DC 20036-5623	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00032698	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Limited Brands Inc. PAC	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address Three Limited Parkway	Transaction ID: 01201.C10197
	City State Zip Code Columbus OH 43230	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00214338	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Miller Coors LLC PAC	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 1501 M Street NW #330	Transaction ID: 01201.C10241
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00457697	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc.  
Mailing Address 1101 King St Ste 600  
Suite 600  
City Alexandria State VA Zip Code 22314-2965  
FEC ID number of contributing federal political committee. **C** C00144766  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 10 / 22 / 2010  
**Transaction ID:** 01201.C10286  
Amount of Each Receipt this Period 2500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
National Pro-Life Alliance PAC  
Mailing Address 4521 Windsor Court  
City Annandale State VA Zip Code 22003  
FEC ID number of contributing federal political committee. **C** C00358051  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 10 / 22 / 2010  
**Transaction ID:** 01201.C10297  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
National Propane Gas Assoc. PAC  
Mailing Address 1150 17th St NW Ste 310  
City Washington State DC Zip Code 20036-4623  
FEC ID number of contributing federal political committee. **C** C00079681  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 10 / 29 / 2010  
**Transaction ID:** 01201.C10227  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
R & L Federal PAC

Mailing Address 33 N High St Ste 900

City Columbus State OH Zip Code 43215-3076

FEC ID number of contributing federal political committee. **C** C00446831

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 10 / 19 / 2010  
**Transaction ID:** 01020.C10171  
 Amount of Each Receipt this Period 2300.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Realtors PAC

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 18 / 2010  
**Transaction ID:** 01020.C10173  
 Amount of Each Receipt this Period 2000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Turkish Coalition USA-PAC

Mailing Address 1025 Connecticut Ave. NW Ste 1000

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 11 / 02 / 2010  
**Transaction ID:** 01201.C10210  
 Amount of Each Receipt this Period 300.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 55
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) USEC Inc. PAC		Date of Receipt																				
Mailing Address 6903 Rockledge Drive 10th Fl. Rm. 1018		<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>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	1	0													
City	State	Zip Code																				
Bethesda	MD	20817																				
FEC ID number of contributing federal political committee.		Transaction ID: 01201.C10239																				
C C00355719		Amount of Each Receipt this Period																				
Name of Employer		2000.00																				
Occupation		Receipt																				
Receipt For: 2010	Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary																						
<input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼																						
	4000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	34750.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Tammy Adelhardt

Mailing Address 6191 Charity Drive

City Cincinnati State OH Zip Code 45248-

Purpose of Disbursement  
Campaign Lit Printing

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01201.E2447  
Date of Disbursement

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

Amount of Each Disbursement this Period

425.00
--------

CAMPAIGN LIT PRINTING

B.

Full Name (Last, First, Middle Initial)  
Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Cost of Service Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01201.E2464  
Date of Disbursement

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

Amount of Each Disbursement this Period

936.05
--------

COST OF SERVICE FEE

C.

Full Name (Last, First, Middle Initial)  
Chenese Bean

Mailing Address 1821 Summit Road Suite 116

City Cincinnati State OH Zip Code 45237-

Purpose of Disbursement  
Media Consultant

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 01201.E2441  
Date of Disbursement

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

Amount of Each Disbursement this Period

375.00
--------

MEDIA CONSULTANT

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

1736.05
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 32 / 55

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bennett Consulting <hr/> Mailing Address 14 West Oak Street <hr/> City Alexandria State VA Zip Code 22301- <hr/> Purpose of Disbursement Travel Airfare and Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2457 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2046.13
	TRAVEL AIRFARE AND LODGING
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) C103 (WRAC) <hr/> Mailing Address PO Box 103 <hr/> City West Union State OH Zip Code 45693-0103 <hr/> Purpose of Disbursement Radio Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2436 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 409.64
	RADIO AD
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First St., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2434 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 50.35
	DUES
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2506.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Cardmember Services <hr/> Mailing Address PO Box 790408 <hr/> City Saint Louis State MO Zip Code 63179-0408 <hr/> Purpose of Disbursement Credit Card: See Below Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 01201.E2432 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 10212.24 <hr/> CREDIT CARD: SEE BELOW
<b>B.</b>	Full Name (Last, First, Middle Initial) Marketing Support Services <hr/> Mailing Address 3241 Omni Drive <hr/> City Cincinnati State OH Zip Code 45245-1515 <hr/> Purpose of Disbursement Mailing Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 01201.E2461 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 7999.00 <hr/> [MEMO ITEM] MEMO: MAILING
<b>C.</b>	Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address Mail Drop 5675 HDQ 4333 Amon Carter Blvd <hr/> City Fort Worth State TX Zip Code 76155- <hr/> Purpose of Disbursement Airline Ticket - Campaign Staff Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 01201.E2462 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 342.40 <hr/> [MEMO ITEM] MEMO: AIRLINE TICKET - CAMPAIGN STAFF

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10212.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address Delta Blvd. P 20706  City Atlanta State GA Zip Code 30320-  Purpose of Disbursement Airline Ticket Candidate Name  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) ▼	Transaction ID: 01201.E2463 Date of Disbursement 10 / 31 / 2010  Amount of Each Disbursement this Period 701.90  <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET	
<b>B.</b>	Full Name (Last, First, Middle Initial) Cincinnati Bell  Mailing Address PO Box 748003  City Cincinnati State OH Zip Code 45274-  Purpose of Disbursement Phone Charges Candidate Name  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) ▼	Transaction ID: 01201.E2433 Date of Disbursement 10 / 31 / 2010  Amount of Each Disbursement this Period 449.64  PHONE CHARGES	
<b>C.</b>	Full Name (Last, First, Middle Initial) Cincinnati Bell  Mailing Address PO Box 748003  City Cincinnati State OH Zip Code 45274-  Purpose of Disbursement Phone Charges Candidate Name  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) ▼	Transaction ID: 01201.E2430 Date of Disbursement 10 / 31 / 2010  Amount of Each Disbursement this Period 371.59  PHONE CHARGES	

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

**821.23**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cincinnati Bell</p> <p>Mailing Address PO Box 748003</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement Phone Charges</p> <p>Candidate Name</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> 01201.E2460 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 57.66</p> <p>PHONE CHARGES</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cincinnati Bell</p> <p>Mailing Address PO Box 748003</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement Phone Charges</p> <p>Candidate Name</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> 01201.E2451 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 202.53</p> <p>PHONE CHARGES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cincinnati Bell</p> <p>Mailing Address PO Box 748003</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement Phone Charges</p> <p>Candidate Name</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> 01201.E2454 <b>Date of Disbursement</b> 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 84.43</p> <p>PHONE CHARGES</p>

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

344.62

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Clermont Senior Services

Transaction ID: 01201.E2427  
Date of Disbursement

Mailing Address 2085A Front Wheel Dr

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

City State Zip Code  
Batavia OH 45103-3255

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Event Sponsor  
Candidate Name

Category/ Type
-------------------

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

EVENT SPONSOR

B.

Full Name (Last, First, Middle Initial)  
Cross Roads Media

Transaction ID: 01201.E2417  
Date of Disbursement

Mailing Address 3101 Wilson Blvd Ste 810

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

City State Zip Code  
Arlington VA 22201-4445

Amount of Each Disbursement this Period

100000.00
-----------

Purpose of Disbursement  
TV Advertising  
Candidate Name

Category/ Type
-------------------

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

TV ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
Dark Horse Communications

Transaction ID: 01201.E2435  
Date of Disbursement

Mailing Address 36 W Kossuth St

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

City State Zip Code  
Columbus OH 43206-1914

Amount of Each Disbursement this Period

6000.00
---------

Purpose of Disbursement  
Consulting Services  
Candidate Name

Category/ Type
-------------------

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

CONSULTING SERVICES

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

106250.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David Andrukitis Inc. <hr/> Mailing Address 50 E St SE <hr/> City Washington State DC Zip Code 20003-2620 <hr/> Purpose of Disbursement Stationery Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 01201.E2431 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1901.80 <hr/> STATIONERY
<b>B.</b>	Full Name (Last, First, Middle Initial) Sara Dreier <hr/> Mailing Address 10397 Colerain Ave. <hr/> City Cincinnati State OH Zip Code 45251- <hr/> Purpose of Disbursement Reimburse campaign travel Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 01201.E2428 Date of Disbursement 11 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 708.41 <hr/> REIMBURSE CAMPAIGN TRAVEL
<b>C.</b>	Full Name (Last, First, Middle Initial) First Wave Concepts LLC <hr/> Mailing Address 4258 Mayfair Ln <hr/> City Port Orange State FL Zip Code 32129-7512 <hr/> Purpose of Disbursement Website Service Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 01201.E2466 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 94.00 <hr/> WEBSITE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2704.21
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Greener & Hook  Mailing Address 3101 Wilson Blvd Ste 810 Suite 810  City Arlington State VA Zip Code 22201-4445  Purpose of Disbursement TV Advertising Candidate Name  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> 01201.E2465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period  8000.00  TV ADVERTISING
<b>B.</b>	Full Name (Last, First, Middle Initial) Jewish National Fund  Mailing Address 9918 Carver Road, Ste. 102  City Cincinnati State OH Zip Code 45242-  Purpose of Disbursement Event Sponsor Candidate Name  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> 01201.E2445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period  500.00  EVENT SPONSOR
<b>C.</b>	Full Name (Last, First, Middle Initial) Kiwanis Club of Union Township  Mailing Address PO Box 54786  City Cincinnati State OH Zip Code 45254-0786  Purpose of Disbursement Event Sponsor Candidate Name  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> 01201.E2423 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  100.00  EVENT SPONSOR

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Jason Killian Meath

Transaction ID: 01201.E2450  
Date of Disbursement

Mailing Address 4441 Kingle Street, NW

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

City Washington State DC Zip Code 20016-

Amount of Each Disbursement this Period

6625.00
---------

Purpose of Disbursement  
Media Production  
Candidate Name

Category/ Type
-------------------

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

MEDIA PRODUCTION

B.

Full Name (Last, First, Middle Initial)  
Milford Schools Foundation

Transaction ID: 01201.E2446  
Date of Disbursement

Mailing Address 453 Wards Corner Road

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

City Loveland State OH Zip Code 45140-

Amount of Each Disbursement this Period

340.00
--------

Purpose of Disbursement  
Event Sponsor  
Candidate Name

Category/ Type
-------------------

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

EVENT SPONSOR

C.

Full Name (Last, First, Middle Initial)  
Reflections

Transaction ID: 01201.E2468  
Date of Disbursement

Mailing Address 631 Pennsylvania Ave SE

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

City Washington State DC Zip Code 20003-4303

Amount of Each Disbursement this Period

986.00
--------

Purpose of Disbursement  
Event Photography  
Candidate Name

Category/ Type
-------------------

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

EVENT PHOTOGRAPHY

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

7951.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Schmidt</p> <p>Mailing Address 771 Wards Corner Rd</p> <p>City Loveland State OH Zip Code 45140-9049</p> <p>Purpose of Disbursement Parade Candy Reimbursement</p> <p>Candidate Name</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> 01201.E2439 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 192.64</p> <p>Category/Type Parade Candy REIMBURSEMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schmidts Meats</p> <p>Mailing Address 8621 Winton Road, #4</p> <p>City Cincinnati State OH Zip Code 45231-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</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> 01201.E2467 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 337.50</p> <p>Category/Type EVENT CATERING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schuerholz Printing</p> <p>Mailing Address 3540 Marshall Road</p> <p>City Dayton State OH Zip Code 45429-</p> <p>Purpose of Disbursement Fundraising Mailing</p> <p>Candidate Name</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> 01201.E2459 <b>Date of Disbursement</b> 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1111.29</p> <p>Category/Type FUNDRAISING MAILING</p>

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

1641.43

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
TelOpinion Research

Mailing Address 901 King Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Poll

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01201.E2444  
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

6000.00

POLL

B.

Full Name (Last, First, Middle Initial)  
The Manchester Signal

Mailing Address 414 East Seventh St.

City Manchester State OH Zip Code 45144-

Purpose of Disbursement  
Advertising

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01201.E2449  
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

245.00

ADVERTISING

C.

Full Name (Last, First, Middle Initial)  
Time Warner Cable

Mailing Address PO Box 429542

City Cincinnati State OH Zip Code 45242-

Purpose of Disbursement  
Internet and Phones

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 01201.E2452  
Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

244.84

INTERNET AND PHONES

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

6489.84

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Townsend Group  Mailing Address 1006 Pendleton St  City Alexandria State VA Zip Code 22314-1837  Purpose of Disbursement Fundraising Services Candidate Name  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) ▼	Transaction ID: 01201.E2456 Date of Disbursement 11 / 07 / 2010  Amount of Each Disbursement this Period 6032.85  FUNDRAISING SERVICES
<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Weghorst  Mailing Address 561 Shroyer Road  City Dayton State OH Zip Code 45419-  Purpose of Disbursement Consulting Services Candidate Name  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) ▼	Transaction ID: 01201.E2458 Date of Disbursement 11 / 07 / 2010  Amount of Each Disbursement this Period 3750.00  CONSULTING SERVICES
<b>C.</b>	Full Name (Last, First, Middle Initial) WNXT  Mailing Address PO Box 685  City Portsmouth State OH Zip Code 45662-0685  Purpose of Disbursement Radio Ad Candidate Name  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) ▼	Transaction ID: 01201.E2437 Date of Disbursement 10 / 19 / 2010  Amount of Each Disbursement this Period 588.00  RADIO AD

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

10370.85

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 55

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
WXIZ

Transaction ID: 01201.E2438  
Date of Disbursement

Mailing Address PO Box 227

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

City Waverly State OH Zip Code 45690-0227

Amount of Each Disbursement this Period

1056.00
---------

Purpose of Disbursement  
Radio Ad

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

RADIO AD

State: District:

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

1056.00
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TOTAL This Period (last page this line number only) ..... ►

160683.59
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 55

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Jeannette Schmidt

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140-

Purpose of Disbursement  
Repay Loan made/Guar. By Cand Repayment

Candidate Name  
JEANNETTE H SCHMIDT

Office Sought:  House  
 Senate  
 President

State: OH District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
SP-2005

Category/ Type

Transaction ID: 01027.E2415  
Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00
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SUBTOTAL of Disbursements This Page (optional) ..... ►

3000.00
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TOTAL This Period (last page this line number only) ..... ►

3000.00
---------

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andy Thompson for State Representative</p> <p>Mailing Address 416 Strecker Lane</p> <p>City Marietta State OH Zip Code 45750-</p> <p>Purpose of Disbursement CONTRIBUTION OH-93</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 01201.E2422</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bill Johnson for Congress</p> <p>Mailing Address 3755 Hunters Hill</p> <p>City Youngstown State OH Zip Code 44514-</p> <p>Purpose of Disbursement CONTRIBUTION TO FED. CANDIDATE</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 06</p>	<p><b>Transaction ID:</b> 01201.E2425</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carle for State Representative</p> <p>Mailing Address 865 Macon Alley</p> <p>City Columbus State OH Zip Code 43206-</p> <p>Purpose of Disbursement CONTRIBUTION OH-20</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 01201.E2419</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.	Full Name (Last, First, Middle Initial) Citizens for Anne Gonzales  Mailing Address 865 Macon Alley  City Columbus State OH Zip Code 43206-  Purpose of Disbursement CONTRIBUTION OH-19 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2421 Date of Disbursement 10 / 15 / 2010  Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Cliff Rosenberger  Mailing Address 7027 State Route 350  City Clarksville State OH Zip Code 45113-  Purpose of Disbursement CONTRIBUTION OH-86 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2443 Date of Disbursement 10 / 26 / 2010  Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Eagan for Commissioner  Mailing Address 7082 Old US Highway 68  City Georgetown State OH Zip Code 45121-  Purpose of Disbursement CONTRIBUTION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E2424 Date of Disbursement 10 / 15 / 2010  Amount of Each Disbursement this Period 200.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gibbs for Congress</p> <p>Mailing Address 211 South Fifth Street</p> <p>City Columbus State OH Zip Code 43215-</p> <p>Purpose of Disbursement CONTRIBUTION TO FED. CANDIDATE</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01201.E2426</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Peterson for Good Government</p> <p>Mailing Address 1086 Concord Church Road</p> <p>City Chillicothe State OH Zip Code 45601-</p> <p>Purpose of Disbursement CONTRIBUTION OH-85</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01201.E2418</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robinson for State Representative</p> <p>Mailing Address PO box 11621-0621</p> <p>City Cincinnati State OH Zip Code 45211-</p> <p>Purpose of Disbursement CONTRIBUTION OH-31</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01201.E2420</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

2500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 55

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Sara Dreier

Mailing Address 10397 Colerain Ave.

City State Zip Code  
Cincinnati OH 45251-

Purpose of Disbursement  
Campaign Consultant  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 01201.E2429  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		0	1		2	0	1	0

Amount of Each Disbursement this Period

5416.33
---------

CAMPAIGN CONSULTANT

B.

Full Name (Last, First, Middle Initial)  
Friends of Pete Beck

Mailing Address 7234 Abilene Trl

City State Zip Code  
Mason OH 45040-1474

Purpose of Disbursement  
CONTRIBUTION TO OH-67  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 01202.E13  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	2		2	0	1	0

Amount of Each Disbursement this Period

500.00
--------

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

5916.33

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

13116.33



**SCHEDULE C (FEC Form 3)**

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

PAGE 49 / 55

FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS51003.C19**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	0	4	0	5	2	0	0	5	ONDEMAND	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	4	0	5	2	0	0	5												

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Jeannette Schmidt	Name of Employer US House of Rep.
Mailing Address 771 Wards Corner Rd	Occupation Member
City Loveland State OH ZIP Code 45140-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	150.00
<b>TOTALS</b> This Period (last page in this line only) .....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS51003.C21**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan 25000.00	Cumulative Payment To Date 3000.00	Balance Outstanding at Close of This Period 22000.00
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**TERMS**

Date Incurred MM DD YY YY 05 16 2005	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Jeannette Schmidt	Name of Employer US House of Rep.
Mailing Address 771 Wards Corner Rd	Occupation Member
City Loveland State OH ZIP Code 45140-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	22000.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / 55
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS51003.C23**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
39000.00	0.00	39000.00

**TERMS**

Date Incurred M M 05 D D 23 Y Y Y Y 2005	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Jeannette Schmidt	Name of Employer US House of Rep.
Mailing Address 771 Wards Corner Rd	Occupation Member
City Loveland State OH ZIP Code 45140-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>39000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3)

## LOANS

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

Transaction ID: LS51003.C24

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Jeannette Schmidt - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼  
SP-2005

Mailing Address 771 Wards Corner Rd

City Loveland State OH ZIP Code 45140-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

### TERMS

Date Incurred: M M 05 D D 25 Y Y Y Y 2005  
 Date Due: ONDEMAND  
 Interest Rate: .0000 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

PAGE 53 / 55

FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS60419.C1871**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2006
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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**TERMS**

Date Incurred MM DD YY YY 03 28 2006	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="10000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / 55
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS60714.C1978**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2006
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 5 Y Y Y Y 2 0 0 6	20060706	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>65000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Schmidt for Congress Committee

**Transaction ID: LS51003.C28**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SG-2005
Mailing Address 771 Wards Corner Rd	
City Loveland State OH ZIP Code 45140-	

Original Amount of Loan 42000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 42000.00
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**TERMS**

Date Incurred M M 07 D D 26 Y Y Y Y 2005	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="42000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="274150.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.