

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Ohio National Financial Services Political Action Committee

ADDRESS (number and street) One Financial Way  
 Check if different than previously reported. (ACC)  
Cincinnati OH 45242

2. **FEC IDENTIFICATION NUMBER** C00296657  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 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 Joseph R Sander

Signature of Treasurer Electronically Filed by Joseph R Sander Date 10 13 2010

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

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

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

Write or Type Committee Name  
Ohio National Financial Services Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 5051.74 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 65688.22                |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....   | 11312.39                | 96948.87                          |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 77000.61                | 102000.61                         |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....   | 75270.52                | 100270.52                         |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 1730.09                 | 1730.09                           |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |         |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

Write or Type Committee Name

Ohio National Financial Services Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 10829.39                      | 92655.93                          |
| (ii) Unitemized .....  | 483.00                        | 3688.50                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 11312.39                      | 96344.43                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 11312.39                      | 96344.43                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 604.44                            |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 11312.39                      | 96948.87                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 11312.39                      | 96948.87                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 52000.00                              | 67000.00                                  |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 23270.52                              | 33270.52                                  |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 75270.52                              | 100270.52                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 75270.52                              | 100270.52                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 11312.39                      | 96344.43                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 11312.39                      | 96344.43                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Barefield

Mailing Address 8065 Indian Hill Road

City State Zip Code  
Cincinnati OH 45243

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

Name of Employer Occupation  
Ohio National Financial Exec Vice President Institutional Sa  
Service

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5042

Amount of Each Receipt this Period  
1346.17

7 payroll deducts of \$192-  
.31

**B.** Full Name (Last, First, Middle Initial)  
G Tim Biggs

Mailing Address 3605 Center Street

City State Zip Code  
Mariemont OH 45227

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

Name of Employer Occupation  
The Ohio National Life In- Vice President Mortgages & Real Estate  
surance

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5043

Amount of Each Receipt this Period  
399.00

7 payroll deducts of \$57

**C.** Full Name (Last, First, Middle Initial)  
Jeffery Bley

Mailing Address 5789 Cedar Ridge Court

City State Zip Code  
Liberty Township OH 45044

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

Name of Employer Occupation  
The Ohio National Life In- Vice President ONESCO Compliance  
surance

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5044

Amount of Each Receipt this Period  
700.00

7 payroll deducts of \$100

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2445.17**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 35  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Richard Bodner

Mailing Address 5961 Cook Road

City State Zip Code  
Cincinnati OH 45150

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

Name of Employer Occupation  
The Ohio National Life Insurance Vice President Insurance Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 926.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5045

Amount of Each Receipt this Period  
406.00

7 payroll deducts of \$58

**B.**

Full Name (Last, First, Middle Initial)  
Allen Bowen

Mailing Address 945 Forest Avenue

City State Zip Code  
Glendale OH 45246

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

Name of Employer Occupation  
Ohio National Financial Service Senior Vice President Information Syst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5046

Amount of Each Receipt this Period  
1330.00

7 payroll deducts of 190.-00

**C.**

Full Name (Last, First, Middle Initial)  
Philip Byrde

Mailing Address 1227 O'Bannon Creek Lane

City State Zip Code  
Loveland OH 45140

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

Name of Employer Occupation  
The Ohio National Life Insurance Vice President Fixed Income

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1596.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5047

Amount of Each Receipt this Period  
673.05

7 payroll deducts of \$96.-15

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2409.05**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 35  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Steve Casson

Mailing Address 15 Charmaine Circle

City Ft Mitchell State KY Zip Code 41017

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

Name of Employer The Ohio National Life Insurance  
Occupation Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.5048  
Amount of Each Receipt this Period 140.00  
7 payroll deducts of \$20

**B.**

Full Name (Last, First, Middle Initial)  
Robert Conway

Mailing Address 1380 Herschel Avenue

City Cincinnati State OH Zip Code 45208

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

Name of Employer The Ohio National Life Insurance  
Occupation Vice President PGA Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.5049  
Amount of Each Receipt this Period 350.00  
7 payroll deducts of \$50

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Esposito

Mailing Address 6157 Rose Petal Drive

City Cincinnati State OH Zip Code 45247

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

Name of Employer The Ohio National Life Insurance  
Occupation VP Human Resources and Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.5050  
Amount of Each Receipt this Period 875.00  
7 payroll deducts of \$125

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Gerard

Mailing Address 7849 Bennington Dr

City State Zip Code  
Cincinnati OH 45241

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

Name of Employer Occupation  
The Ohio National Life Insurance Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.5052

Amount of Each Receipt this Period  
210.00

7 payroll deducts of \$30

**B.** Full Name (Last, First, Middle Initial)  
Kristal Hambrick

Mailing Address 21 Carousel Cr

City State Zip Code  
Fairfield OH 45014

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

Name of Employer Occupation  
Ohio National Financial Service Senior Vice President Product Develop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.5054

Amount of Each Receipt this Period  
525.00

7 payroll deducts of \$75

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Martini

Mailing Address 3428 Cheviot Ave

City State Zip Code  
Cincinnati OH 45211

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

Name of Employer Occupation  
Ohio National Financial Service Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2925.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** SA11AI.5056

Amount of Each Receipt this Period  
125.00

5 payroll deducts of \$25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **860.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
William McFadden

Mailing Address 107 Ravinewood Terrace

City Loveland State OH Zip Code 45140

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Vice President PGA Western Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 09 / 24 / 2010  
Transaction ID: SA11AI.5057  
Amount of Each Receipt this Period: 280.00  
7 payroll deducts of \$40

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Murphy

Mailing Address 7803 Shadowhill Way

City Cincinnati State OH Zip Code 45242

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

Name of Employer: The Ohio National Life Insurance  
Occupation: VP Annuity Product Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2615.38

Date of Receipt: 09 / 24 / 2010  
Transaction ID: SA11AI.5059  
Amount of Each Receipt this Period: 1346.17  
7 payroll deducts of \$192.31

**C.**

Full Name (Last, First, Middle Initial)  
Jeffery Oehler

Mailing Address 3122 March Terrace

City Cincinnati State OH Zip Code 45239

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Vice President Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1540.00

Date of Receipt: 09 / 24 / 2010  
Transaction ID: SA11AI.5060  
Amount of Each Receipt this Period: 700.00  
7 payroll deducts of \$700

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2326.17**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Perrin

Mailing Address 10196 Bennington Drive

City State Zip Code  
Cincinnati OH 45241

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Actuary Investments & Annuities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 579.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5061

Amount of Each Receipt this Period: 231.00

7 payroll deducts of \$33

**B.**

Full Name (Last, First, Middle Initial)  
Chad Russell

Mailing Address 12041 Kenn Rd

City State Zip Code  
Cincinnati OH 45240

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5065

Amount of Each Receipt this Period: 140.00

7 payroll deducts of \$20

**C.**

Full Name (Last, First, Middle Initial)  
Dale M Schreiner

Mailing Address 1912 Compton Road

City State Zip Code  
Cincinnati OH 45231

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

Name of Employer: The Ohio National Life Insurance  
Occupation: 2nd VP Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5066

Amount of Each Receipt this Period: 98.00

7 payroll deducts of \$14

**SUBTOTAL** of Receipts This Page (optional) ..... ► **469.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
V Renee Schroder

Mailing Address 2477 Brenda Drive

City State Zip Code  
Hamilton OH 45013

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

Name of Employer Occupation  
The Ohio National Life Insurance Director Indiv Annuity New Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5067

Amount of Each Receipt this Period  
140.00

7 payroll deducts of \$20

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

Mailing Address 7797 Twelve Oaks Court

City State Zip Code  
Cincinnati OH 45255

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

Name of Employer Occupation  
Ohio National VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2010

**Transaction ID:** SA11AI.5068

Amount of Each Receipt this Period  
80.00

2 payroll deducts of \$40

**C.** Full Name (Last, First, Middle Initial)  
Raymond Spears

Mailing Address 555 Sutter Dr

City State Zip Code  
Edgewood KY 41017

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

Name of Employer Occupation  
The Ohio National Life Insurance Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5070

Amount of Each Receipt this Period  
140.00

7 payroll deducts of \$20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth E Stehlin

Mailing Address 5800 Bluespruce Lane

City State Zip Code  
Cincinnati OH 45224

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

Name of Employer: The Ohio National Life Insurance  
Occupation: 2nd VP Marketing Support

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5071  
 Amount of Each Receipt this Period: 84.00  
 7 payroll deducts of \$12

**B.** Full Name (Last, First, Middle Initial)  
Dennis Taney

Mailing Address 6315 Deermeade Drive

City State Zip Code  
Florence KY 41042

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Chief Compliance Officer & 2nd VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5073  
 Amount of Each Receipt this Period: 105.00  
 7 payroll deducts of \$15

**C.** Full Name (Last, First, Middle Initial)  
Paul Twilling

Mailing Address 821 Woodshire Drive

City State Zip Code  
Cincinnati OH 45233

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

Name of Employer: The Ohio National Life Insurance  
Occupation: Vice President Information Systems

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 985.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID:** SA11AI.5074  
 Amount of Each Receipt this Period: 406.00  
 7 payroll deducts of \$58

**SUBTOTAL** of Receipts This Page (optional) ..... ► 595.00

**TOTAL** This Period (last page this line number only) ..... ► 10829.39

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>AUSTIN SCOTT FOR CONGRESS INC</b>   | <b>Transaction ID: SB23.5133</b>   |
|    | Mailing Address <b>PO Box 27750</b>   | Date of Disbursement<br>09 / 09 / 2010   |
|    | City <b>Macon</b> State <b>GA</b> Zip Code <b>31221</b>   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: <b>GA</b> District: <b>08</b>  |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>BERG FOR CONGRESS</b>   | <b>Transaction ID: SB23.5152</b>   |
|    | Mailing Address <b>PO BOX 9394</b>  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City <b>FARGO</b> State <b>ND</b> Zip Code <b>58106</b>   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: <b>ND</b> District: <b>00</b>  |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>BILL FLORES FOR CONGRESS</b>  | <b>Transaction ID: SB23.5171</b>   |
|    | Mailing Address <b>PO Box 6207</b>  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City <b>Bryan</b> State <b>TX</b> Zip Code <b>77805</b>   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: <b>TX</b> District: <b>17</b>  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BLUNT, ROY</p> <p>Mailing Address PO BOX 50100</p> <p>City SPRINGFIELD State MO Zip Code 65805</p> <p>Purpose of Disbursement check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MO District: 00</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB23.5104</p> <p>Date of Disbursement<br/>09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BRUUN FOR CONGRESS</p> <p>Mailing Address 23069 BLAND CIRCLE</p> <p>City WEST LINN State OR Zip Code 97068</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District: 05</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.5201</p> <p>Date of Disbursement<br/>09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BUCK FOR COLORADO</p> <p>Mailing Address PO BOX 101465</p> <p>City DENVER State CO Zip Code 80250</p> <p>Purpose of Disbursement check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CO District: 00</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB23.5093</p> <p>Date of Disbursement<br/>09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>BUCSHON FOR CONGRESS</b>  | <b>Transaction ID:</b> SB23.5137   |
|    | Mailing Address PO Box 250  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City Newburgh State IN Zip Code 47629   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>CANSECO FOR CONGRESS</b>  | <b>Transaction ID:</b> SB23.5173   |
|    | Mailing Address 10004 Wurzbach Road #366  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City San Antonio State TX Zip Code 78230  | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 23 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>CARLY FOR CALIFORNIA INC</b>  | <b>Transaction ID:</b> SB23.5091   |
|    | Mailing Address 520 CAPITOL MALL SUITE 220  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City SACRAMENTO State CA Zip Code 95814   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Chabot for Congress  | Transaction ID: SB23.5088<br>Date of Disbursement<br>09 / 08 / 2010  |
|    | Mailing Address 3030 Harrison Ave   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Cincinnati State OH Zip Code 45211   |  |
|    | Purpose of Disbursement check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>DAN COATS FOR INDIANA  | Transaction ID: SB23.5100<br>Date of Disbursement<br>09 / 09 / 2010  |
|    | Mailing Address PO BOX 301141   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City INDIANAPOLIS State IN Zip Code 46230   |  |
|    | Purpose of Disbursement check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>DANIEL WEBSTER FOR CONGRESS  | Transaction ID: SB23.5129<br>Date of Disbursement<br>09 / 09 / 2010  |
|    | Mailing Address 3400 Old Winter Garden Road   | Amount of Each Disbursement this Period<br>500.00  |
|    | City Orlando State FL Zip Code 32805  |  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>DAVID SCHWEIKERT FOR CONGRESS</b></p> <p>Mailing Address 15749 E El Lago Blvd</p> <p>City Fountain Hills State AZ Zip Code 85268</p> <p>Purpose of Disbursement<br/>Check</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: AZ District: 05</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.5188</p> <p>Date of Disbursement<br/>09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>DUFFY FOR CONGRESS</b></p> <p>Mailing Address PO Box 186</p> <p>City Ashland State WI Zip Code 54806</p> <p>Purpose of Disbursement<br/>Check</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: WI District: 07</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                             | <p><b>Transaction ID:</b> SB23.5204</p> <p>Date of Disbursement<br/>09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>FIMIAN FOR CONGRESS</b></p> <p>Mailing Address PO Box 3131</p> <p>City Oakton State VA Zip Code 22124</p> <p>Purpose of Disbursement<br/>Check</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: VA District: 11</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> SB23.5175</p> <p>Date of Disbursement<br/>09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> |

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A. FITZPATRICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.5158

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

500.00

**B. FRIENDS OF DAVID HARMER**

Full Name (Last, First, Middle Initial)

Mailing Address 9321 Silverbend Lane

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.5122

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

500.00

**C. FRIENDS OF FRANK GUINTA**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.5197

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

500.00

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

1500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF JOE HECK</b><br><br>Mailing Address <b>PO Box 750114</b><br><br>City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89136</b><br>Purpose of Disbursement<br>Check<br>Candidate Name<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>NV</b> District: <b>03</b><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: <b>SB23.5186</b><br>Date of Disbursement<br><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>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table><br>011<br>Category/<br>Type  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 3 |  | 2 | 0 | 1 | 0 | 500.00  |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 9   |   | 1 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 500.00    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF KELLY AYOTTE</b><br><br>Mailing Address <b>PO BOX 233</b><br><br>City <b>NASHUA</b> State <b>NH</b> Zip Code <b>03061</b><br>Purpose of Disbursement<br>check<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>NH</b> District: <b>00</b><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: <b>SB23.5106</b><br>Date of Disbursement<br><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>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table><br>011<br>Category/<br>Type | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 9 |  | 2 | 0 | 1 | 0 | 1000.00 |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 9   |   | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF SHARRON ANGLE</b><br><br>Mailing Address <b>PO BOX 33058</b><br><br>City <b>RENO</b> State <b>NV</b> Zip Code <b>89533</b><br>Purpose of Disbursement<br>Check<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>NV</b> District: <b>00</b><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: <b>SB23.5143</b><br>Date of Disbursement<br><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>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br>Amount of Each Disbursement this Period<br><table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table><br>011<br>Category/<br>Type | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 9 |  | 2 | 0 | 1 | 0 | 1000.00 |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0         | 9   |   | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|  |  |                |
|--|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <table border="1"> <tr> <td style="font-size: 1.2em;"><b>2500.00</b></td> </tr> </table> | <b>2500.00</b> |
| <b>2500.00</b>   |  |                |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>                  |                |
|  |  |                |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FRIENDS OF TODD YOUNG<br><hr/> Mailing Address POST OFFICE BOX 1053<br><hr/> City BLOOMINGTON State IN Zip Code 47402<br><hr/> Purpose of Disbursement<br>Check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 09<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.5139<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 09 / 2010   |
|   | Amount of Each Disbursement this Period<br>500.00  |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GARDNER FOR CONGRESS<br><hr/> Mailing Address PO Box 2408<br><hr/> City Loveland State CO Zip Code 80539<br><hr/> Purpose of Disbursement<br>Check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 04<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB23.5124<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 09 / 2010   |
|   | Amount of Each Disbursement this Period<br>500.00  |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GLEN URQUHART FOR CONGRESS<br><hr/> Mailing Address PO Box 768<br><hr/> City Rehoboth State DE Zip Code 19971<br><hr/> Purpose of Disbursement<br>Check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: DE District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23.5192<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 22 / 2010   |
|   | Amount of Each Disbursement this Period<br>500.00  |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

1500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>HAROLD JOHNSON FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5150<br>Date of Disbursement<br>09 / 09 / 2010   |  |
|           | Mailing Address 349-L Copperfield Blvd<br>Suite 233   |  |  |
|           | City State Zip Code<br>Concord NC 28025   | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NC District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>JEFF PERRY FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5195<br>Date of Disbursement<br>09 / 22 / 2010   |  |
|           | Mailing Address PO Box 1435   |  |  |
|           | City State Zip Code<br>Sandwich MA 02563  | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MA District: 10 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>JON BARELA FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5199<br>Date of Disbursement<br>09 / 22 / 2010   |  |
|           | Mailing Address PO BOX 92413  |  |  |
|           | City State Zip Code<br>ALBUQUERQUE NM 87199   | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NM District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 35

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>JON RUNYAN FOR CONGRESS, INC   | Transaction ID: SB23.5154<br>Date of Disbursement<br>09 / 09 / 2010  |
|    | Mailing Address PO Box 225  | Amount of Each Disbursement this Period<br>500.00  |
|    | City Colonia State NJ Zip Code 07067  |  |
|    | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NJ District: 03 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>KELLY FOR CONGRESS   | Transaction ID: SB23.5232<br>Date of Disbursement<br>09 / 22 / 2010  |
|    | Mailing Address PO BOX 89520  | Amount of Each Disbursement this Period<br>500.00  |
|    | City TUCSON State AZ Zip Code 85752   |  |
|    | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: AZ District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>KIRK FOR SENATE  | Transaction ID: SB23.5098<br>Date of Disbursement<br>09 / 09 / 2010  |
|    | Mailing Address P.O. Box 8  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Winnetka State IL Zip Code 60093   |  |
|    | Purpose of Disbursement<br>check  | 011<br>Category/<br>Type   |
|    | Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IL District: 10 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 35

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>KOSTER FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5181   |
|    | Mailing Address PO Box 231  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City Arlington State WA Zip Code 98223  | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 02 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>MARCO RUBIO FOR US SENATE</b>   | <b>Transaction ID:</b> SB23.5095   |
|    | Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105   | Date of Disbursement<br>09 / 09 / 2010   |
|    | City CORAL GABLES State FL Zip Code 33134   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>MARINO FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5167   |
|    | Mailing Address PO BOX 653  | Date of Disbursement<br>09 / 09 / 2010   |
|    | City WILLIAMSPORT State PA Zip Code 17703   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 10 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 35

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**MARTHA ROBY FOR CONGRESS**

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.5117  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**MCKINLEY FOR CONGRESS**

Mailing Address 32 20TH STREET

City WHEELING State WV Zip Code 26003

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.5184  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.5161  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

**Transaction ID:** SB23.5177  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**MULVANEY FOR CONGRESS**

Mailing Address P.O. Box 1975

City Lancaster State SC Zip Code 29721

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

**Transaction ID:** SB23.5169  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**NUNNELEE FOR CONGRESS**

Mailing Address 438 EAST MAIN ST  
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

**Transaction ID:** SB23.5148  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>PAT MEEHAN FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5163<br>Date of Disbursement<br>09 / 09 / 2010   |  |
|           | Mailing Address 50 S. Providence Road<br>PO BOX 308   |  |  |
|           | City Media State PA Zip Code 19063  | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: PA District: 07 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>PAUL GOSAR FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.5120<br>Date of Disbursement<br>09 / 09 / 2010   |  |
|           | Mailing Address 2222 E. Cedar Ave.  |  |  |
|           | City Flagstaff State AZ Zip Code 86004  | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: AZ District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>PEOPLE FOR PEARCE</b>   | <b>Transaction ID:</b> SB23.5157<br>Date of Disbursement<br>09 / 09 / 2010   |  |
|           | Mailing Address PO BOX 2696   |  |  |
|           | City HOBBS State NM Zip Code 88240  | Amount of Each Disbursement this Period<br>500.00  |  |
|           | Purpose of Disbursement<br>Check  | 011<br>Category/<br>Type   |  |
|           | Candidate Name  |  |  |
|           | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NM District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>PORTMAN VICTORY COMMITTEE 2010<br><hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement<br>Check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: 00<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.5230<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 31 / 2010   |
|  | Amount of Each Disbursement this Period<br>12500.00  |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>RAND PAUL FOR US SENATE<br><hr/> Mailing Address 1019 STATE STREET<br><hr/> City BOWLING GREEN State KY Zip Code 42101<br><hr/> Purpose of Disbursement<br>check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District: 00<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB23.5102<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 09 / 2010   |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>RAUL LABRADOR FOR IDAHO<br><hr/> Mailing Address PO Box 1616<br><hr/> City Boise State ID Zip Code 83701<br><hr/> Purpose of Disbursement<br>Check <input type="checkbox"/> 011<br>Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: SB23.5135<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 09 / 2010   |
|  | Amount of Each Disbursement this Period<br>500.00  |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

14000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 35

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>RIBBLE FOR CONGRESS</b></p> <p>Mailing Address PO BOX 7200</p> <p>City APPLETON State WI Zip Code 54912</p> <p>Purpose of Disbursement<br/>Check</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> SB23.5206</p> <p>Date of Disbursement<br/>09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>RON JOHNSON FOR SENATE INC</b></p> <p>Mailing Address 601 OREGON STREET SUITE A</p> <p>City OSHKOSH State WI Zip Code 54902</p> <p>Purpose of Disbursement<br/>check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House<br/><input checked="" type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: WI District: 00</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.5115</p> <p>Date of Disbursement<br/>09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>ROSSI FOR SENATE</b></p> <p>Mailing Address PO BOX 50713</p> <p>City BELLEVUE State WA Zip Code 98015</p> <p>Purpose of Disbursement<br/>check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House<br/><input checked="" type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: WA District: 00</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> SB23.5113</p> <p>Date of Disbursement<br/>09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |

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

2500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
SANDY ADAMS FOR CONGRESS

Mailing Address P. O. Box 1566

City Orlando State FL Zip Code 32802

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: FL District: 24

Transaction ID: SB23.5131  
Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: OH District: 02

Transaction ID: SB23.5229  
Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT RIGELL FOR CONGRESS

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement  
Check

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: VA District: 02

Transaction ID: SB23.5179  
Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

500.00

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
TIM BURNS FOR CONGRESS

Mailing Address PO Box 4483

City Eighty Four State PA Zip Code 15330

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

**Transaction ID:** SB23.5165  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement  
check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

**Transaction ID:** SB23.5110  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
VOTETIPTON.COM

Mailing Address PO BOX 846

City CORTEZ State CO Zip Code 81321

Purpose of Disbursement  
Check

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

**Transaction ID:** SB23.5126  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
WALBERG FOR CONGRESS

Transaction ID: SB23.5141

Date of Disbursement

Mailing Address 6769 Teachout Rd.

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

City Tipton State MI Zip Code 49287

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement  
Check

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

|        |
|--------|
| 500.00 |
|--------|

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

|          |
|----------|
| 52000.00 |
|----------|



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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>David Yost for Auditor of State  | Transaction ID: SB29.5220<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 4679 Winterset Drive  | <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>0</td><td>9</td><td></td><td>0</td><td>8</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 | 0 | 9 |  | 0 | 8 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 9   |  | 0       | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Columbus State OH Zip Code 43220   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Check   | <table border="1"><tr><td>2500.00</td></tr></table>  | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2500.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name  | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>Husted for Ohio  | Transaction ID: SB29.5217<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 148 Sherbrooke Drive  | <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>0</td><td>9</td><td></td><td>0</td><td>8</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 | 0 | 9 |  | 0 | 8 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 9   |  | 0       | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Kettering State OH Zip Code 45429  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Check   | <table border="1"><tr><td>2500.00</td></tr></table>  | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2500.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name  | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|---|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.       | Full Name (Last, First, Middle Initial)<br>Kasich for Governor  | Transaction ID: SB29.5079<br>Date of Disbursement  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address Post Office Box 06590   | <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>0</td><td>9</td><td></td><td>0</td><td>3</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 | 0 | 9 |  | 0 | 3 |  | 2 | 0 | 1 |
| M        | M   | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 9   |  | 0        | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City Columbus State OH Zip Code 43206   | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement check   | <table border="1"><tr><td>11000.00</td></tr></table>   | 11000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 11000.00 |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name  | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011      |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>16000.00</td></tr></table> | 16000.00 |
| 16000.00   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Mike DeWine  | Transaction ID: SB29.5223<br>Date of Disbursement<br>09 / 08 / 2010  |
|    | Mailing Address 2587 Conley Road  | Amount of Each Disbursement this Period<br>2500.00   |
|    | City Cedarville State OH Zip Code 45314   |  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>O'Conner for Chief Justice   | Transaction ID: SB29.5077<br>Date of Disbursement<br>07 / 14 / 2010  |
|    | Mailing Address 100 E. Broad Street, Suite 2330   | Amount of Each Disbursement this Period<br>2000.00   |
|    | City Columbus State OH Zip Code 43215   |  |
|    | Purpose of Disbursement check<br>Candidate Name   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>O'Conner for Chief Justice   | Transaction ID: SB29.5212<br>Date of Disbursement<br>09 / 29 / 2010  |
|    | Mailing Address 100 E. Broad Street, Suite 2330   | Amount of Each Disbursement this Period<br>100.00  |
|    | City Columbus State OH Zip Code 43215   |  |
|    | Purpose of Disbursement Check<br>Candidate Name   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

4600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Ohio National Financial Services Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Re-Elect Justice Lanzinger Committee   | Transaction ID: SB29.5076<br>Date of Disbursement  |
|    | Mailing Address 260 N. Cassady Ave  | <input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>  |
|    | City Columbus State OH Zip Code 43209   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement check   | <input type="text" value="2000.00"/>   |
|    | Candidate Name  | <input type="text" value="011"/><br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Re-Elect Justice Lanzinger Committee   | Transaction ID: SB29.5213<br>Date of Disbursement  |
|    | Mailing Address 260 N. Cassady Ave  | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>  |
|    | City Columbus State OH Zip Code 43209   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Check   | <input type="text" value="100.00"/>  |
|    | Candidate Name  | <input type="text" value="011"/><br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>The Ohio National Life Insurance Company  | Transaction ID: SB29.5215<br>Date of Disbursement   |
|    | Mailing Address One Financial Way  | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>                             |
|    | City Cincinnati State OH Zip Code 45242  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Reimbursement for In-Kind Contribution   | <input type="text" value="470.52"/>   |
|    | Candidate Name   | <input type="text" value="003"/><br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2570.52"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="23170.52"/> |