

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation OHIO FARM BUREAU FEDERATION		3. FEC Identification Number C C90014044
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 280 NORTH HIGH STREET		
(c) City, State and ZIP Code COLUMBUS OH 43215		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year-End Report
- 24-Hour Report
- 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
John C Fisher	<i>John C Fisher</i>	01/09/2013

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
OHIO FARM BUREAU FEDERATION

A. Full Name (Last, First, Middle Initial) BIPAC Super PAC			Date of Receipt MM / DD / YYYY 11 / 02 / 2012		
Mailing Address 888 16th Street, NW Suite 305			Transaction ID : F56.000001		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 15000.00		
FEC ID number of contributing federal political committee.			C C00001727		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page carry total to Line 6) ▶	15000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
OHIO FARM BUREAU FEDERATION

Full Name (Last, First, Middle Initial) of Payee Cherry Communications		Date MM / DD / YYYY 10 / 26 / 2012
Mailing Address 227 N. Bronough St., Suite 4100		Amount 15000.00 Transaction ID : F57.000001
City Tallahassee	State FL	
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Gibbs		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	15000.00