Nov. 6, 2006

Subject: Filings for Common Sense Ohio
- Form 9
- Form 5
- Form 5 Amendment

# of pages: 12

From: Lance McAllindon

Contact phone: (513) 271-2324

To: FEC

fax 202-219-0174

26092748

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Common Sense Ohio

(b) Address (number and street) ☐ check if different than previously reported
1625 Vine Street

(c) City, State and ZIP Code
Cincinnati, OH 45202

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number
C

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 11 04 2006 through 11 05 2006

5. (a) Date of Public Distribution(s) 11 05 2006 **(b) Communication Title** Hunting Tester

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☒ No ☐

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☒ No ☐

8. Custodian of Records

(a) Name
Lance McAlindon

(b) Address (number and street)
1625 Vine Street

(c) City, State and ZIP Code
Cincinnati, OH 45202

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement 955200

10. Total Disbursements/Obligations This Statement 955200

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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 Lance McAlindon

SIGNATURE Lance McAlindon DATE 11/06/06

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

FE9AN06.PDF

FEC FORM 9 (REV. 02/2003)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
Nathan Eatruth
(b) Address (number and street)
1625 Vine Street
(c) City, State and ZIP Code
Cincinnati, OH 45202
(d) Name of Employer or Principal Place of Business (e) Occupation

B. (a) Name
John Lind
(b) Address (number and street)
1625 Vine Street
(c) City, State and ZIP Code
Cincinnati, OH 45202
(d) Name of Employer or Principal Place of Business (e) Occupation

C. (a) Name
Lance McAlindon
(b) Address (number and street)
1625 Vine Street
(c) City, State and ZIP Code
Cincinnati, OH 45202
(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Carl H. Lindner

Mailing Address of Donor: 8555 Shawnee Run Road

City: Cincinnati State: OH Zip: 45243

Date of Receipt: 11 / 04 / 2006

Amount: 9 5 5 2 0 0

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt / /

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt / /

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt / /

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt / /

Amount

SUBTOTAL of Donations This Page (optional) ▶ 9 5 5 2 0 0

TOTAL This Period (last page this line number only) ▶ 9 5 5 2 0 0
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Design 4 Marketing Communications

Mailing Address of Payee
2020 W. Brandon Blvd. #202

City: Brandon | State: FL | Zip Code: 33511

Name of Employer | Occupation

Date of Disbursement or Obligation: 11 / 05 / 2006

Amount: 9,552.00

Communication Date: 11 / 05 / 2006

Purpose of Disbursement (including title(s) of communication(s))
Radio Commercial: Hunting Tester

Name of Federal Candidate: John Tester
Office Sought: [ ] House [X] Senate [ ] President
State: MT District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation: ___ / ___ / ___

Amount:

Communication Date: ___ / ___ / ___

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 9,552.00

TOTAL This Period (last page this line number only) ▶ 9,552.00
(carry total from last page to Line 10)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

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