

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Cincinnatus PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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  /  /  through  /  /

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 Sean P. Callan

Signature of Treasurer Sean P. Callan [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Cincinnatus PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="16240.24"/>	<input type="text" value="16240.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13394.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23200.00"/>	<input type="text" value="51300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36594.79"/>	<input type="text" value="67540.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32131.79"/>	<input type="text" value="63077.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4463.00"/>	<input type="text" value="4463.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Cincinnatus PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23200.00	51300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23200.00	51300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23200.00	51300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (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))..... ▶	23200.00	51300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23200.00	51300.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	12056.79	43002.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12056.79	43002.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	20075.00	20075.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	32131.79	63077.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32131.79	63077.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23200.00	51300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23200.00	51300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12056.79	43002.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12056.79	43002.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

**A. Lewis Adkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1375 E. 9th St., 10th Fl  
 City Cleveland State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Roetzel and Andress Occupation: Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt: 06 / 20 / 2016  
**Transaction ID : SA11AI.4105**  
 Amount of Each Receipt this Period: **2500.00**  
 Memo Item

**B. Carpenters Local Union #2**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 N Garver Rd  
 City Monroe State OH Zip Code 45050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt: 06 / 09 / 2016  
**Transaction ID : SA11AI.4119**  
 Amount of Each Receipt this Period: **5000.00**  
 Memo Item

**C. Kathryn Goldenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Vintage Walk  
 City Cincinnati State OH Zip Code 45249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Minillo and Jenkins LPA Occupation: Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 06 / 22 / 2016  
**Transaction ID : SA11AI.4107**  
 Amount of Each Receipt this Period: **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

**A. Julie Heidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Liberty Street

City State Zip Code  
Reno NV 89501

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

Name of Employer Occupation  
Wellington Orthopedic Chief of Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Rob Heidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 W. Liberty Street

City State Zip Code  
Reno NV 89501

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Laura Jenkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 Michigan Ave

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 33
	<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)  
**Cincinnatus PAC**

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

Mailing Address 1116 Leafree Ct

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ronald Joseph**

Mailing Address 250 E 5th St, #285

City State Zip Code  
Cincinnati OH 45202

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

Name of Employer Occupation  
Joseph Toyota Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
1100.00

Memo Item

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

Mailing Address 1274 Herschel Ave

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Occupation  
Minillo and Jenkins LPA Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3600.00
<b>TOTAL</b> 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 OF 33  
(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)  
**Cincinnatus PAC**

**A. Robb Stokar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3528 Saybrook Avenue  
City Cincinnati State OH Zip Code 45208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Minillo and Jenkins LPA Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 06 / 22 / 2016  
**Transaction ID : SA11AI.4289**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23200.00

**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)

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Alfred Hotel**

Mailing Address 1201 Chestnut St

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB21B.4259**

Amount of Each Disbursement this Period

1718.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alfred Hotel**

Mailing Address 1201 Chestnut St

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2016

Transaction ID : **SB21B.4263**

Amount of Each Disbursement this Period

1718.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City Ft. Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : **SB21B.4225**

Amount of Each Disbursement this Period

351.20

Memo Item

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

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

3787.34

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Banacom Signs**

Mailing Address 1601 Queen City Ave

City Cincinnati State OH Zip Code 45214

Purpose of Disbursement Signage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period

900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BP**

Mailing Address 4002 S East St

City Indianapolis State IN Zip Code 46227

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : SB21B.4261

Amount of Each Disbursement this Period

11.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas Buley**

Mailing Address 3128 Hawkslanding Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement Staffing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

961.70

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Sheraton**

Mailing Address 75 E State St

City Columbus State OH Zip Code 43215

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2016

Transaction ID : SB21B.4213

Amount of Each Disbursement this Period

91.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cincinnatian Hotel**

Mailing Address 601 Vine St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : SB21B.4190

Amount of Each Disbursement this Period

42.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cincinnatian Hotel**

Mailing Address 601 Vine St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

47.59

Memo Item

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

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

180.96

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Crowne Plaza**

Mailing Address 3 E Nationwide Blvd

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

**Transaction ID : SB21B.4201**

Amount of Each Disbursement this Period

150.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Crowne Plaza**

Mailing Address 3 E Nationwide Blvd

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

**Transaction ID : SB21B.4203**

Amount of Each Disbursement this Period

150.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bobbi Dillon**

Mailing Address 151 W. 7th Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : SB21B.4264**

Amount of Each Disbursement this Period

106.39

Memo Item

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

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

407.39

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Due Amici**

Mailing Address 67 E Gay Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : SB21B.4208**

Amount of Each Disbursement this Period

253.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Check Order

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2016

**Transaction ID : SB21B.4174**

Amount of Each Disbursement this Period

23.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fifth Third Bank**

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Service Charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

**Transaction ID : SB21B.4233**

Amount of Each Disbursement this Period

37.00

Memo Item

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

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

314.57

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

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NAME OF COMMITTEE (In Full)  
**Cincinnati PAC**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SB21B.4235

Amount of Each Disbursement this Period

37.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SB21B.4245

Amount of Each Disbursement this Period

74.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. First Watch**

Mailing Address 700 Walnut Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2016

Transaction ID : SB21B.4188

Amount of Each Disbursement this Period

20.97

Memo Item

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

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

131.97

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

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NAME OF COMMITTEE (In Full)  
**Cincinnati PAC**

Full Name (Last, First, Middle Initial)

**A. First Watch**

Mailing Address 13950 Cedar Rd

City State Zip Code  
University Heights OH 44118

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4241**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fruition Restaurant**

Mailing Address 1313 E 6th Ave

City State Zip Code  
Denver CO 80218

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4219**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hampton Inn**

Mailing Address 1460 E 9th St

City State Zip Code  
Cleveland OH 44114

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4243**

Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Hilton Netherland**

Mailing Address 35 W. Fifth Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.4267**

Amount of Each Disbursement this Period

129.14

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ellen Huggins**

Mailing Address 65 W. McMillan St. Apt. 157

City Cincinnati State OH Zip Code 45219

Purpose of Disbursement  
Staffing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : **SB21B.4158**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Incline Public House**

Mailing Address 2601 W. 8th Street

City Cincinnati State OH Zip Code 45206

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

Transaction ID : **SB21B.4184**

Amount of Each Disbursement this Period

52.94

Memo Item

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

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

282.08

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Incline Public House**

Mailing Address 2601 W. 8th Street

City Cincinnati State OH Zip Code 45206

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jean Robert's Table**

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4192**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jean Robert's Table**

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4204**

Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Jean Robert's Table**

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

Transaction ID : SB21B.4227

Amount of Each Disbursement this Period

47.59

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jean Robert's Table**

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : SB21B.4230

Amount of Each Disbursement this Period

37.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jean Robert's Table**

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : SB21B.4238

Amount of Each Disbursement this Period

43.38

Memo Item

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

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

128.00

**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)

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

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NAME OF COMMITTEE (In Full)  
**Cincinnati PAC**

**A. Jean Robert's Table**

Full Name (Last, First, Middle Initial)

Mailing Address 713 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2016

Transaction ID : **SB21B.4266**

Amount of Each Disbursement this Period: 37.03

Memo Item

**B. Jessica Baker**

Full Name (Last, First, Middle Initial)

Mailing Address 3026 Price Ave Apt 2

City Cincinnati State OH Zip Code 45205

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : **SB21B.4143**

Amount of Each Disbursement this Period: 150.00

Memo Item

**C. Kevin Osborne**

Full Name (Last, First, Middle Initial)

Mailing Address 3355 McFadden Ave

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement Staffing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2016

Transaction ID : **SB21B.4141**

Amount of Each Disbursement this Period: 150.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 337.03

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

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NAME OF COMMITTEE (In Full)  
**Cincinnati PAC**

Full Name (Last, First, Middle Initial)

**A. Kroger**

Mailing Address 3760 Paxton Avenue

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Event Costs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : **SB21B.4246**

Amount of Each Disbursement this Period

130.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kroger**

Mailing Address 3760 Paxton Avenue

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Event Costs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : **SB21B.4254**

Amount of Each Disbursement this Period

37.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kroger**

Mailing Address 4613 Marburg Avenue

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Event Costs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : **SB21B.4255**

Amount of Each Disbursement this Period

84.58

Memo Item

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

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

252.03

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Manley Burke LPA**

Mailing Address 225 W Court St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Marty's Hops and Vines**

Mailing Address 6110 Hamilton Avenue

City Cincinnati State OH Zip Code 45224

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

**Transaction ID : SB21B.4196**

Amount of Each Disbursement this Period

58.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. McCormick and Schmick's**

Mailing Address 21 E. 5th Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

**Transaction ID : SB21B.4186**

Amount of Each Disbursement this Period

81.52

Memo Item

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

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

640.47

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. McCormick and Schmick's**

Mailing Address 21 E. 5th Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

40.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. McCormick and Schmick's**

Mailing Address 21 E. 5th Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.4218

Amount of Each Disbursement this Period

39.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. McCormick and Schmick's**

Mailing Address 21 E. 5th Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : SB21B.4229

Amount of Each Disbursement this Period

36.48

Memo Item

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

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

116.38

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Prime 47**

Mailing Address 580 Walnut Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

**Transaction ID : SB21B.4248**

Amount of Each Disbursement this Period

266.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. Renaissance Hotels**

Mailing Address 50 N 3rd St

City Columbus State OH Zip Code 43215

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

**Transaction ID : SB21B.4211**

Amount of Each Disbursement this Period

64.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ritz Carlton Hotel**

Mailing Address 1881 Curtis Street

City Denver State CO Zip Code 80202

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2016

**Transaction ID : SB21B.4221**

Amount of Each Disbursement this Period

863.14

Memo Item

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

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

1194.59



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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Royal Limo**

Mailing Address 2346 S Lynhurst Dr

City Indianapolis State IN Zip Code 46241

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : SB21B.4252**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sheraton Hotel**

Mailing Address 75 E State St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : SB21B.4205**

Amount of Each Disbursement this Period

198.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sheraton Hotel**

Mailing Address 75 E State St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

**Transaction ID : SB21B.4207**

Amount of Each Disbursement this Period

198.58

Memo Item

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

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

407.16

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Sheraton Hotel**

Mailing Address 75 E State St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : SB21B.4210**

Amount of Each Disbursement this Period

55.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sleepy Bee**

Mailing Address 3098 Madison Road

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

33.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sleepy Bee**

Mailing Address 3098 Madison Road

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SB21B.4223**

Amount of Each Disbursement this Period

39.38

Memo Item

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

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

128.43

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

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NAME OF COMMITTEE (In Full)  
**Cincinnati PAC**

Full Name (Last, First, Middle Initial)

**A. Sleepy Bee**

Mailing Address 3098 Madison Road

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : **SB21B.4224**

Amount of Each Disbursement this Period

37.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sleepy Bee**

Mailing Address 3098 Madison Road

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : **SB21B.4231**

Amount of Each Disbursement this Period

24.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hussain Tariq**

Mailing Address 3422 Lafittes Cove

City Floyds Knob State IN Zip Code 47119

Purpose of Disbursement  
Staffing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2016

Transaction ID : **SB21B.4160**

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

111.90

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Taste of Belgium**

Mailing Address 1135 Vine Street

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

22.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. Teninnah Ross**

Mailing Address 9088 Ranchill Dr

City Cincinnati State OH Zip Code 45231

Purpose of Disbursement  
Staffing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2016

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Washington Hilton**

Mailing Address 1919 Connecticut Avenue NW

City Washington D.C. State DC Zip Code 20009

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

382.11

Memo Item

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

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

504.23

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Washington Platform**

Mailing Address 1000 Elm St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2016

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

41.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. Washington Platform**

Mailing Address 1000 Elm St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.4198

Amount of Each Disbursement this Period

271.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. Washington Platform**

Mailing Address 1000 Elm St

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Stakeholder Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.4234

Amount of Each Disbursement this Period

30.08

Memo Item

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

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

343.14

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

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NAME OF COMMITTEE (In Full)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Watson**

Mailing Address 762 E. Mitchell Avenue

City State Zip Code  
Cincinnati OH 45229

Purpose of Disbursement  
Staffing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4156**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wine Merchant**

Mailing Address 3972 Edwards Road

City State Zip Code  
Cincinnati OH 45209

Purpose of Disbursement  
Event Costs

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4257**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Yours Truly**

Mailing Address 13228 Shaker Square

City State Zip Code  
Cleveland OH 44120

Purpose of Disbursement  
Stakeholder Meeting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4236**

Amount of Each Disbursement this Period

Memo Item

**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 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)  
**Cincinnati PAC**

Full Name (Last, First, Middle Initial)

**A. Baptist Ministers Conference**

Mailing Address PO Box 54885

City Cincinnati State OH Zip Code 45254

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2016

Transaction ID : **SB29.4166**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cincinnati Democratic Women's Political Caucus**

Mailing Address 2962 Dana Avenue

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB29.4279**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hamilton County Democratic Party**

Mailing Address 6109 Webbland Place

City Cincinnati State OH Zip Code 45213

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2016

Transaction ID : **SB29.4182**

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

800.00

**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)

<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)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. HCDP Judicial Fund**

Mailing Address 6109 Webbland Place

City Cincinnati State OH Zip Code 45213

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

Transaction ID : **SB29.4281**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Klein Committee**

Mailing Address 545 East Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : **SB29.4271**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mann for Council**

Mailing Address 568 Evanswood Place

City Cincinnati State OH Zip Code 45220

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2016

Transaction ID : **SB29.4277**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2150.00



**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)

<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)  
**Cincinnatus PAC**

Full Name (Last, First, Middle Initial)

**A. Ohioans for Change, Inc.**

Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.4275**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio Democratic Party**

Mailing Address 340 E. Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.4284**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ohio House Democratic Caucus**

Mailing Address 340 E. Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB29.4273**

Amount of Each Disbursement this Period

Memo Item

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

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