





**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**STRAT PAC**

Report Covering the Period: From:

**10 01 2009**

To:

**12 31 2009**

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).....	6249.40	25,000.00
(ii) Unitemized .....	_____	_____
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6249.40	25,000.00
(b) Political Party Committees .....	_____	_____
(c) Other Political Committees (such as PACs).....	_____	_____
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	_____	_____
12. Transfers From Affiliated/Other Party Committees.....	_____	_____
13. All Loans Received.....	_____	_____
14. Loan Repayments Received.....	_____	_____
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	_____	_____
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	_____	_____
17. Other Federal Receipts (Dividends, Interest, etc.).....	_____	_____
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	_____	_____
(b) Levin Funds (from Schedule H5).....	_____	_____
(c) Total Transfers (add 18(a) and 18(b))..	_____	_____
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6249.40	25,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6249.40	25,000.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	<del>                    </del>	<del>                    </del>
(ii) Non-Federal Share.....	<del>                    </del>	<del>                    </del>
(b) Other Federal Operating Expenditures .....	<del>                    </del>	<del>                    </del>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	<del>                    </del>	<del>                    </del>
22. Transfers to Affiliated/Other Party Committees.....	<del>                    </del>	<del>                    </del>
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,400.00	29,100.00
24. Independent Expenditures (use Schedule E).....	<del>                    </del>	<del>                    </del>
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	<del>                    </del>	<del>                    </del>
26. Loan Repayments Made.....	<del>                    </del>	<del>                    </del>
27. Loans Made.....	<del>                    </del>	<del>                    </del>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	<del>                    </del>	<del>                    </del>
(b) Political Party Committees .....	<del>                    </del>	<del>                    </del>
(c) Other Political Committees (such as PACs).....	<del>                    </del>	<del>                    </del>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	<del>                    </del>	<del>                    </del>
29. Other Disbursements .....	<del>                    </del>	<del>                    </del>
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	<del>                    </del>	<del>                    </del>
(ii) "Levin" Share.....	<del>                    </del>	<del>                    </del>
(b) Federal Election Activity Paid Entirely With Federal Funds .....	<del>                    </del>	<del>                    </del>
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	<del>                    </del>	<del>                    </del>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11,400.00	29,100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11,400.00	29,100.00

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**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) .....	6,249.40	25,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	<u>          </u>	<u>          </u>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6,249.40	25,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	<u>          </u>	<u>          </u>
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	<u>          </u>	<u>          </u>
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	<u>          </u>	<u>          </u>

10030233606

**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: <u>1</u> OF <u>2</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) **STRAT PAC**

A. Full Name (Last, First, Middle Initial) <b>Whatman, Thomas</b>		Date of Receipt <b>10 / 31 / 2009</b>
Mailing Address <b>110 N. Third St. #301</b>		Amount of Each Receipt this Period <b>4,166.80</b>
City <b>Columbus</b>	State Zip Code <b>OH 43215</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Strategic Public Partners</b>	Occupation <b>Consultant</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4,168.80</b>	

B. Full Name (Last, First, Middle Initial) <b>Whatman, Thomas</b>		Date of Receipt <b>11 / 30 / 2009</b>
Mailing Address <b>110 N. Third St. #301</b>		Amount of Each Receipt this Period <b>4,166.80</b>
City <b>Columbus</b>	State Zip Code <b>OH 43215</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Strategic Public Partners</b>	Occupation <b>Consultant</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4,583.48</b>	

C. Full Name (Last, First, Middle Initial) <b>Whatman, Thomas</b>		Date of Receipt <b>12 / 31 / 2009</b>
Mailing Address <b>110 N. Third St. #301</b>		Amount of Each Receipt this Period <b>4,165.20</b>
City <b>Columbus</b>	State Zip Code <b>OH 43215</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Strategic Public Partners</b>	Occupation <b>Consultant</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5,000.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>12,498.80</b>
TOTAL This Period (last page this line number only).....▶	

10030233607

**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	OF	2
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Strat Pac

**A.** Full Name (Last, First, Middle Initial)  
Lynaugh, Brandon

Mailing Address  
1299 Avondale Ave.

City State Zip Code  
Grandview Heights, OH 43212

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Strategic Public Partners

Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4,168.80

Date of Receipt

10 / 31 / 2009

Amount of Each Receipt this Period

4,168.80

**B.** Full Name (Last, First, Middle Initial)  
Lynaugh, Brandon

Mailing Address  
1299 Avondale Ave.

City State Zip Code  
Grandview Heights, OH 43212

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Strategic Public Partners

Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4,583.48

Date of Receipt

11 / 30 / 2009

Amount of Each Receipt this Period

4,166.68

**C.** Full Name (Last, First, Middle Initial)  
Lynaugh, Brandon

Mailing Address  
1299 Avondale Ave.

City State Zip Code  
Grandview Heights, OH 43212

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Strategic Public Partners

Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5,000.00

Date of Receipt

12 / 31 / 2009

Amount of Each Receipt this Period

4,165.20

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

12,498.80

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

10030233608



**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 <u>9</u> OF <u>12</u>	
	<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

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) Strat Pac

**A.** Full Name (Last, First, Middle Initial) Erb, Joseph  
 Mailing Address 3293 Scioto Farms Drive  
 City Hilliard, OH State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 41,668.00

Date of Receipt 10 / 31 / 2009  
 Amount of Each Receipt this Period 4,166.80

**B.** Full Name (Last, First, Middle Initial) Erb, Joseph  
 Mailing Address 3293 Scioto Farms Drive  
 City Hilliard, OH State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 4,583.48

Date of Receipt 11 / 30 / 2009  
 Amount of Each Receipt this Period 4,166.80

**C.** Full Name (Last, First, Middle Initial) Erb, Joseph  
 Mailing Address 3293 Scioto Farms Drive  
 City Hilliard, OH State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 5,000.00

Date of Receipt 12 / 31 / 2009  
 Amount of Each Receipt this Period 4,165.20

SUBTOTAL of Receipts This Page (optional)..... 12,498.80  
 TOTAL This Period (last page this line number only).....

10030233610

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

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

FOR LINE NUMBER: PAGE 10 OF 12  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Strat Pac

**A.** Full Name (Last, First, Middle Initial) Klinger, Darrin  
 Mailing Address 1053 Cheliway Ct.  
 City Powell, OH State OH Zip Code 43068  
 Date of Receipt 10/30/2009  
 Amount of Each Receipt this Period 416.68  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 4168.80

**B.** Full Name (Last, First, Middle Initial) Klinger, Darrin  
 Mailing Address 1053 Cheliway Ct.  
 City Powell, OH State OH Zip Code 43068  
 Date of Receipt 11/30/2009  
 Amount of Each Receipt this Period 416.68  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 4583.48

**C.** Full Name (Last, First, Middle Initial) Klinger, Darrin  
 Mailing Address 1053 Cheliway Ct.  
 City Powell, OH State OH Zip Code 43068  
 Date of Receipt 12/31/2009  
 Amount of Each Receipt this Period 416.52  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Strategic Public Partners Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 5000.00

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

1249.88

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

6249.40

10030233611

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	PAGE <b>6</b> OF <b>12</b>			

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

A. Full Name (Last, First, Middle Initial) <b>LUCAS COUNTY REPUBLICAN PARTY</b>		Date of Disbursement MM/DD/YYYY <b>10/23/2009</b>
Mailing Address <b>315 N. SUPERIOR ST.</b>		Amount of Each Disbursement this Period <b>2,500.00</b>
City <b>TOLEDO</b>	State <b>OH</b>	
Zip Code <b>43604</b>		
Purpose of Disbursement <b>Contribution</b>	Candidate Name <b>N/A</b>	Category/Type
Office Sought: <b>N/A</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>N/A</b>	District: <b>N/A</b>	

B. Full Name (Last, First, Middle Initial) <b>Kasich for Governor</b>		Date of Disbursement MM/DD/YYYY <b>12/10/2009</b>
Mailing Address <b>260 N. Cassady Ave.</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Columbus</b>	State <b>OH</b>	
Zip Code		
Purpose of Disbursement <b>Contribution</b>	Candidate Name <b>John Kasich</b>	Category/Type
Office Sought: <b>OHIO GOVERNOR</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>OH</b>	District: <b>N/A</b>	

C. Full Name (Last, First, Middle Initial) <b>Schmidt for Congress</b>		Date of Disbursement MM/DD/YYYY <b>12/10/2009</b>
Mailing Address <b>771 Wards Corner Rd.</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Loveland,</b>	State <b>OH</b>	
Zip Code <b>45140</b>		
Purpose of Disbursement <b>Contribution</b>	Candidate Name <b>Jeannette Schmidt</b>	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>OH</b>	District: <b>02</b>	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>4,000.00</b>
TOTAL This Period (last page this line number only).....▶	

10030233612

**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 12 OF 12

<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) **STRAT PAC**

A. Full Name (Last, First, Middle Initial) <b>HUSTED FOR OHIO</b>		Date of Disbursement <b>12 ' 16 ' 2009</b>
Mailing Address <b>148 Sherbrooke Dr.</b>		
City <b>Kettering</b>	State <b>OH</b>	Zip Code <b>45429</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		Amount of Each Disbursement this Period <b>5,000.00</b>
Candidate Name <b>JON HUSTED</b>		
Office Sought: <b>OHIO SEC. OF ST.</b>	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: <b>OH</b>	District:	

B. Full Name (Last, First, Middle Initial) <b>PORTMAN FOR SENATE</b>		Date of Disbursement <b>12 ' 30 ' 2009</b>
Mailing Address <b>8331 LITTLE HARBOR DR.</b>		
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45244</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		Amount of Each Disbursement this Period <b>2,400.00</b>
Candidate Name <b>ROB PORTMAN</b>		
Office Sought: <b>OH</b>	House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: <b>OH</b>	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>7,400.00</b>
TOTAL This Period (last page this line number only).....▶	<b>11,400.00</b>

10030233613

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date  
*1/28/10*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*2/1/10*  
 DATE PREPARED

10030233614