

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Schmidt for Congress Committee

ADDRESS (number and street) 771 Wards Corner Rd
 Check if different than previously reported. (ACC)
Loveland OH 45140

2. **FEC IDENTIFICATION NUMBER** C00410647
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
OH 02

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 04 2008 in the State of OH
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Peter W Schmidt

Signature of Treasurer Electronically Filed by Peter W Schmidt Date 10 21 2008

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

Write or Type Committee Name

Schmidt for Congress Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 42737.00 | 1112533.39 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 42737.00 | 1112533.39 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 231649.35 | 1013108.40 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 12418.55 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 231649.35 | 1000689.85 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 157589.02 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 277150.00 | |

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
Schmidt for Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

29793.00

601165.00

(ii) Unitemized.....

8794.00

116900.29

(iii) TOTAL of contributions

38587.00

718065.29

from individuals..... ▶

0.00

5000.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

4150.00

387980.10

(d) The Candidate.....

0.00

1488.00

(e) TOTAL CONTRIBUTIONS (other than loans)

42737.00

1112533.39

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

206.45

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

12418.55

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

42737.00

1125158.39

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 231649.35 | 1013108.40 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. 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 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 7695.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 231649.35 | 1020803.40 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 346501.37 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 42737.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 389238.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 231649.35 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 157589.02 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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)
Schmidt for Congress Committee

| | | | |
|--|---|-----------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Scott A. Aiman | | Date of Receipt |
| | Mailing Address PO Box 646 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Lancaster | OH | 43130 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6706 |
| Name of Employer Retired | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | 200.00 |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 650.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Thomas P. Atkins | | Date of Receipt |
| | Mailing Address 1201 Edgecliff PI Apt 1061 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Cincinnati | OH | 45206-2898 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6713 |
| Name of Employer None | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | 2300.00 |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 2300.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Rayman Barrett | | Date of Receipt |
| | Mailing Address 304 E Pike St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | South Lebanon | OH | 45065-1334 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6718 |
| Name of Employer None | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | 50.00 |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 325.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2550.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 6 / 62 |
|---|--|-------------|

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) E. Barbara Bracken | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 5955 Miami Rd | Transaction ID: 81020.C6552 |
| | City State Zip Code Cincinnati OH 45243-3022 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None Occupation Homemaker | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Pinckney J. Brewer | Date of Receipt MM / DD / YYYY 10 / 15 / 2008 |
| | Mailing Address PO Box 148 | Transaction ID: 81020.C6513 |
| | City State Zip Code Miamiville OH 45147-0148 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer The Brewer Co. Occupation Executive | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 |

| | | |
|--|---|--|
| C. | Full Name (Last, First, Middle Initial) William Brown | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 1039 Glenna Dr | Transaction ID: 81020.C6571 |
| | City State Zip Code Cincinnati OH 45238-4320 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Hamilton County Courts Occupation Clerk Specialist | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Neil Bruynis

Mailing Address 2623 McHenry Rd

City State Zip Code
Goshen OH 45122-9546

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
125.00

Transaction ID: 81020.C6638

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Frederick Bryan III

Mailing Address 8980 Indian Ridge Ln

City State Zip Code
Cincinnati OH 45243-3718

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 81020.C6657

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Cambuzzi

Mailing Address 4565 E Galbraith Rd Ste A

City State Zip Code
Cincinnati OH 45236-2723

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 81020.C6519

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Edith Caraway

Mailing Address 8495 Blue Creek Rd

City State Zip Code
Stout OH 45684-9658

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
10 / 14 / 2008

Transaction ID: 81020.C6608

Amount of Each Receipt this Period 60.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Margaret C. Caveney

Mailing Address 17301 Ridgeland Ave

City State Zip Code
Tinley Park IL 60477-3093

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 81020.C6583

Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Chester Willcox & Saxbe LLP

Mailing Address 65 E State St Ste 1000

City State Zip Code
Columbus OH 43215-4216

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 14 / 2008

Transaction ID: 81020.C6584

Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2610.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 9 / 62 |
|---|---|-------------|

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|-----------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Paul Christensen | | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 4660 Drake Rd | | Transaction ID: 81020.C6600 |
| | City State Zip Code Cincinnati OH 45243-4118 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| | Name of Employer None | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | | |
|-----------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Sue A. Clarke | | Date of Receipt MM / DD / YYYY 10 / 05 / 2008 |
| | Mailing Address 7850 Given Rd. | | Transaction ID: 81020.C6741 |
| | City State Zip Code Cincinnati OH 45243 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2300.00 |
| | Name of Employer None | Occupation Homemaker | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2800.00 | |

| | | | |
|-----------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Raymond Cooper | | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 7525 Graves Rd. | | Transaction ID: 81020.C6537 |
| | City State Zip Code Cincinnati OH 45243 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| | Name of Employer The Meyers Cooper Company | Occupation Owner | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1450.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
John W. Croxton
Mailing Address 2050 Beechmont Ave
City Cincinnati State OH Zip Code 45230-1662
FEC ID number of contributing federal political committee. **C**
Name of Employer T.P. White & Sons Occupation Funeral Director
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
375.00
Date of Receipt 10 / 08 / 2008
Transaction ID: 81020.C6681
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lee Czerwonka
Mailing Address 10884 Fallsington Ct.
City Cincinnati State OH Zip Code 45242
FEC ID number of contributing federal political committee. **C**
Name of Employer City of Blue Ash Occupation Councilman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
1788.00
Date of Receipt 10 / 01 / 2008
Transaction ID: 81020.C6630
Amount of Each Receipt this Period 1638.00
In-kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Fundraising Event

C. Full Name (Last, First, Middle Initial)
Linda Driedger
Mailing Address 3251 Seneca Dr
City Portsmouth State OH Zip Code 45662-2432
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify)
400.00
Date of Receipt 10 / 15 / 2008
Transaction ID: 81020.C6547
Amount of Each Receipt this Period 50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1788.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Brenda Dyer

Mailing Address 5275 Myerdale Dr.

City State Zip Code
Cincinnati OH 45242-5731

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: 81020.C6743

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Economou

Mailing Address 7716 Highgate Pl

City State Zip Code
Cincinnati OH 45236-2122

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81020.C6705

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael J. Edwards

Mailing Address 1121 Edwards Rd

City State Zip Code
Cincinnati OH 45208-3412

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81020.C6593

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
John Elmquist
Mailing Address 20 - 38 169th St
City Whitestone State NY Zip Code 11357-4139
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
Date of Receipt 10 / 15 / 2008
Transaction ID: 81020.C6549
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Fakult
Mailing Address 232 E 293rd St
City Willowick State OH Zip Code 44095-4650
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 15 / 2008
Transaction ID: 81020.C6522
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard L. Fenstermacher
Mailing Address 1614 Hawk Ridge Dr
City Maineville State OH Zip Code 45039-7293
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00
Date of Receipt 10 / 14 / 2008
Transaction ID: 81020.C6590
Amount of Each Receipt this Period 35.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 335.00
TOTAL This Period (last page this line number only) ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) James Ferguson | Date of Receipt MM / DD / YYYY 10 / 04 / 2008 |
| | Mailing Address 645 Loveland Miamiville Rd | Transaction ID: 81020.C6737 |
| | City Loveland State OH Zip Code 45140-6932 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer None Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) John Fulton | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 2299 Hackelshin Rd. | Transaction ID: 81020.C6585 |
| | City Peebles State OH Zip Code 45660 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Union Hill Church Occupation Pastor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 220.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Vere Gaynor | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 1055 Celestial St | Transaction ID: 81020.C6606 |
| | City Cincinnati State OH Zip Code 45202-1627 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Bahl & Gaynor Occupation Investment Counselor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2350.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Phillip O. Geier Jr.
Mailing Address 6000 Redbird Hollow Ln
City Cincinnati State OH Zip Code 45243-3331
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81020.C6668
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Gerhardt
Mailing Address 1400 Provident Tower
City Cincinnati State OH Zip Code 45202
FEC ID number of contributing federal political committee. **C**
Name of Employer Government Strategies Group Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1300.00
Date of Receipt 10 / 02 / 2008
Transaction ID: 81020.C6729
Amount of Each Receipt this Period 250.00
Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Check

C. Full Name (Last, First, Middle Initial)
Mark A. Gibson
Mailing Address 1131 Sparrowwood Blvd
City Batavia State OH Zip Code 45103-2672
FEC ID number of contributing federal political committee. **C**
Name of Employer Ethicon Endo-Surgery Occupation Engineer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81020.C6560
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 350.00
TOTAL This Period (last page this line number only) ▶

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 62 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Government Strategies Group LLC</p> <p>Mailing Address Charles H. Gerhardt III 700 Walnut St. Ste. 205</p> <p>City State Zip Code Cincinnati OH 45202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Consulting</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1550.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2008</p> <p>Transaction ID: 81020.C6728</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Gary Greenberg</p> <p>Mailing Address 425 Walnut St Ste 2300 Suite 2310</p> <p>City State Zip Code Cincinnati OH 45202-3917</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Denlinger Rossenhl & Greenberg Occupation Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2008</p> <p>Transaction ID: 81020.C6507</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Stuart L. Greenberg</p> <p>Mailing Address 1636 R.F.D. Brittany Ct.</p> <p>City State Zip Code Lake Zurich IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Capmark Finance Occupation Mortgage Banker</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2008</p> <p>Transaction ID: 81020.C6599</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Thomas D. Grote | Date of Receipt MM / DD / YYYY 10 / 15 / 2008 |
| | Mailing Address 621 Wilmer Ave. | Transaction ID: 81020.C6512 |
| | City State Zip Code Cincinnati OH 45226 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Thomas Dyer Co. | Occupation Executive | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Frederick D. Haffner | Date of Receipt MM / DD / YYYY 10 / 08 / 2008 |
| | Mailing Address 1226 W Rookwood Dr. | Transaction ID: 81020.C6702 |
| | City State Zip Code Cincinnati OH 45208-3338 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self | Occupation Physician | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Robert H. Hart | Date of Receipt MM / DD / YYYY 10 / 09 / 2008 |
| | Mailing Address 9403 Kenwood Rd., Ste. D - 105 | Transaction ID: 81020.C6646 |
| | City State Zip Code Cincinnati OH 45242 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Seneca Financial Management | Occupation Executive | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 800.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1350.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Irle R. Hicks

Mailing Address 454 Oliver Rd.

City State Zip Code
Cincinnati OH 45215-2507

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81020.C6696

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Richard E. Hohn

Mailing Address 7889 Shelldale Way

City State Zip Code
Cincinnati OH 45242-6438

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Drivax Corp. Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 4 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81020.C6582

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Terence Lee Janson

Mailing Address 7928 Jolain Dr

City State Zip Code
Cincinnati OH 45242-6404

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: 81020.C6524

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|---|---|-------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Tad Johnston | | Date of Receipt MM / DD / YYYY 10 / 15 / 2008 |
| | Mailing Address 2110 Beechmont Ave | | Transaction ID: 81020.C6526 |
| | City Cincinnati | State OH | Zip Code 45230-1621 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Mt. Washington S & L | Occupation Executive | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|---|------------------|--|
| B. | Full Name (Last, First, Middle Initial) James Karlen | | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 3050 Clover Rd | | Transaction ID: 81020.C6538 |
| | City Bethel | State OH | Zip Code 45106-9313 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Agile Systems Inc. | Occupation Vp | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | | |

| | | | |
|---|---|-------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Thomas J. Kelly | | Date of Receipt MM / DD / YYYY 10 / 02 / 2008 |
| | Mailing Address 5211 Arquilla Dr | | Transaction ID: 81020.C6724 |
| | City Richton Park | State IL | Zip Code 60471-1519 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer G. State Univ. | Occupation Professor | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 340.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 400.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) W. John Kitzmiller | Date of Receipt MM / DD / YYYY 10 / 02 / 2008 |
| | Mailing Address 3650 Grandin Rd | Transaction ID: 81020.C6731 |
| | City State Zip Code Cincinnati OH 45226-1117 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) Robert Krehbiel | Date of Receipt MM / DD / YYYY 10 / 14 / 2008 |
| | Mailing Address 7460 Graves Rd | Transaction ID: 81020.C6594 |
| | City State Zip Code Cincinnati OH 45243-3547 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Brad W. Leesman | Date of Receipt MM / DD / YYYY 10 / 09 / 2008 |
| | Mailing Address 5424 Buckingham Lane | Transaction ID: 81020.C6666 |
| | City State Zip Code Milford OH 45150 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer JTM Food Group Occupation Manager Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 375.00 | |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 475.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert K. Lewin

Mailing Address 7701 Ahwenasa Ln.

City State Zip Code
Cincinnati OH 45243-3232

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: 81020.C6550

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carl Lindner

Mailing Address 8555 Shawnee Run Rd

City State Zip Code
Cincinnati OH 45243-3314

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

Name of Employer American Financial Group Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: 81020.C6624

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edith Lindner

Mailing Address 8555 Shawnee Run Rd

City State Zip Code
Cincinnati OH 45243-3314

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: 81020.C6625

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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)
Schmidt for Congress Committee

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Coral S. Losh | | Date of Receipt MM / DD / YYYY 10 / 08 / 2008 |
| | Mailing Address 181 Huntington Pkwy | | Transaction ID: 81020.C6695 |
| | City Aberdeen | State OH | Zip Code 45101-9719 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Election Cycle-to-Date ▼ 235.00 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|-----------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Robert Lucke | | Date of Receipt MM / DD / YYYY 10 / 15 / 2008 |
| | Mailing Address 4900 Bethany Rd | | Transaction ID: 81020.C6541 |
| | City Mason | State OH | Zip Code 45040-8129 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested Owner Election Cycle-to-Date ▼ 1750.00 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|-----------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Howard Mayers | | Date of Receipt MM / DD / YYYY 10 / 15 / 2008 |
| | Mailing Address 6804 Glen Acres Dr | | Transaction ID: 81020.C6517 |
| | City Cincinnati | State OH | Zip Code 45237-3628 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested President Election Cycle-to-Date ▼ 450.00 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Alan McCoy

Mailing Address 10607 Merrick Ln

City State Zip Code
Cincinnati OH 45242-3415

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

Name of Employer Occupation
AK Steel Corp. Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 81020.C6514

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Jill T. McGruder

Mailing Address 6820 Hammerstone Way

City State Zip Code
Cincinnati OH 45227-4312

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

Name of Employer Occupation
Western & Southern Financial Financial Services

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81020.C6629

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Walter McMichael

Mailing Address 3837 Oak St.

City State Zip Code
Cincinnati OH 45227-3613

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: 81020.C6598

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
John Moorhouse
Mailing Address 971 Pamela Cir
City State Zip Code
Maineville OH 45039-8514
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8
Transaction ID: 81020.C6627
Amount of Each Receipt this Period
60.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter C. Muskat
Mailing Address 10703 Weather Stone Ct
City State Zip Code
Loveland OH 45140-7402
FEC ID number of contributing federal political committee. **C**
Name of Employer U.C. Surgeons Occupation Physician
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8
Transaction ID: 81020.C6574
Amount of Each Receipt this Period
250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rose Papadopoulos
Mailing Address 445 West St
City State Zip Code
Harrison NY 10528-2506
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8
Transaction ID: 81020.C6660
Amount of Each Receipt this Period
100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **410.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

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

Mailing Address 5325 Wooster Pike

City State Zip Code
Cincinnati OH 45226-2224

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

Name of Employer Prus Construction Co Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81020.C6699

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Andrew B. Quinn

Mailing Address 3584 Mooney Ave

City State Zip Code
Cincinnati OH 45208-1308

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

Name of Employer IlSCO Occupation Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 81020.C6632

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mercer Reynolds III

Mailing Address 4900 Taft Pl

City State Zip Code
Cincinnati OH 45243-3960

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

Name of Employer Reynolds Dewitt & Co Occupation Investment Banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81020.C6545

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert M. Robinson

Mailing Address 7324 Leisure Ln.

City Mason State OH Zip Code 45040-3471

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt 10 / 04 / 2008

Transaction ID: 81020.C6733

Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Manuel Rodriguez

Mailing Address 250 E 5th St Fl 29

City Cincinnati State OH Zip Code 45202-4119

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

Name of Employer Chiquita Brands Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81020.C6649

Amount of Each Receipt this Period 150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dale Roe

Mailing Address 9075 Indian Ridge Rd.

City Cincinnati State OH Zip Code 45243

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

Name of Employer DER Construction Occupation Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 10 / 07 / 2008

Transaction ID: 81020.C6721

Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Lawrence H. Rogers II

Mailing Address 4600 Drake Rd

City State Zip Code
Cincinnati OH 45243-4118

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81020.C6642

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack F. Rohde MD

Mailing Address 9059 E Kemper Rd

City State Zip Code
Cincinnati OH 45249-2705

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81020.C6659

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jack F. Rohde MD

Mailing Address 9059 E Kemper Rd

City State Zip Code
Cincinnati OH 45249-2705

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81020.C6554

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Don Rooks

Mailing Address 6180 Delcrest Dr

City State Zip Code
Fairfield OH 45014-5346

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

Name of Employer Occupation
Qsc Inc Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2008

Transaction ID: 81020.C6653

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Judy Ruthven

Mailing Address 7471 Dr. Faul Rd.

City State Zip Code
Georgetown OH 45121

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: 81020.C6521

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Melissa Saladonis

Mailing Address 343 Ardon Ln

City State Zip Code
Cincinnati OH 45215-4101

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

Name of Employer Occupation
Childrens Hospital Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2008

Transaction ID: 81020.C6619

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 / 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Robert Saul Jr. | Date of Receipt MM / DD / YYYY 10 / 05 / 2008 |
| | Mailing Address 10705 Hollowood Cir | Transaction ID: 81020.C6747 |
| | City State Zip Code Cincinnati OH 45242-4243 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) Paul W. Schinkal | Date of Receipt MM / DD / YYYY 10 / 07 / 2008 |
| | Mailing Address 4551 Ebenezer Rd. | Transaction ID: 81020.C6719 |
| | City State Zip Code Cincinnati OH 45248-1520 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer None Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Carolyn Snyder | Date of Receipt MM / DD / YYYY 10 / 08 / 2008 |
| | Mailing Address 2294 Manistique Lakes Dr | Transaction ID: 81020.C6673 |
| | City State Zip Code Lebanon OH 45036-8979 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer None Occupation Homemaker Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|--|---|----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Henry S. Stacey | | Date of Receipt |
| | Mailing Address 9205 Fidelis Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 5 / 2 0 0 8 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6749 |
| Name of Employer Information Requested | | Occupation Information Requested | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 200.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 400.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) J Mack Swigert | | Date of Receipt |
| | Mailing Address 2121 Alpine Pl Apt 1101 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 7 / 2 0 0 8 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45206-2695 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6714 |
| Name of Employer None | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 1350.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) James Thompson | | Date of Receipt |
| | Mailing Address 8725 Pipewell Ln | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 8 / 2 0 0 8 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45243-1128 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 81020.C6704 |
| Name of Employer Chiquita Brands | | Occupation General Counsel | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 150.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 650.00 | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 600.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
David Todd

Mailing Address 8029 Evening Whisper Way

City State Zip Code
Cincinnati OH 45244-4901

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81020.C6677

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Toan Trinh

Mailing Address 8671 Creekwood Ln

City State Zip Code
Maineville OH 45039-9504

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81020.C6588

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Albert Vontz

Mailing Address 2590 Grandin Rd

City State Zip Code
Cincinnati OH 45208-3403

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

Name of Employer Occupation
Heidelberg Dist. Co Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 81020.C6578

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Diane Waechter
Mailing Address 6775 Dickens Hill Dr
City Loveland State OH Zip Code 45140-9656
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81020.C6650
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald L. Wagner
Mailing Address 6495 Dawson Rd
City Cincinnati State OH Zip Code 45243-2329
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81020.C6667
Amount of Each Receipt this Period 50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Doris C. Weber
Mailing Address 5556 Lucenna Dr.
City Cincinnati State OH Zip Code 45238-1949
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00
Date of Receipt 10 / 08 / 2008
Transaction ID: 81020.C6697
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
James H. Whitworth

Mailing Address 6081 David Lee Smith Ct.

City Loveland State OH Zip Code 45140-3676

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

Name of Employer Miami Township Ohio Occupation Fire/EMS Chief

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81020.C6694

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Matthew Williams

Mailing Address 9823 Farmstead Dr

City Loveland State OH Zip Code 45140-4426

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

Name of Employer Catholic Health Partners Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: 81020.C6730

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Edgar L. Willig

Mailing Address 5664 Cleves Warsaw Pike

City Cincinnati State OH Zip Code 45238-1936

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81020.C6689

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
William Woeste, Jr.
Mailing Address 8100 Varner Rd
City State Zip Code
Cincinnati OH 45243-4130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Beechmont Auto Group President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8
Transaction ID: 81020.C6707
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stanley J. Wood
Mailing Address 5284 Birchknoll Ct
City State Zip Code
Cincinnati OH 45230-1374
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8
Transaction ID: 81020.C6691
Amount of Each Receipt this Period
100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric B. Yeiser
Mailing Address 441 Vine St Ste 4001
City State Zip Code
Cincinnati OH 45202-3012
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
None Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8
Transaction ID: 81020.C6672
Amount of Each Receipt this Period
250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ► 29793.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 62
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
American Dental Political Action Cmte.

Mailing Address 1111 14th Street Nw
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2008
Transaction ID: 81020.C6576
Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Champions Of American Freedom PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00440024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 14 / 2008
Transaction ID: 81020.C6626
Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 1101 Pennsylvania Ave SE Suite 201

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 925.30

Date of Receipt 10 / 14 / 2008
Transaction ID: 81020.C6572
Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A. Full Name (Last, First, Middle Initial)
Convergys Corporation PAC

Mailing Address 201 East 4th Street

City State Zip Code
Cincinnati OH 45201

FEC ID number of contributing federal political committee. **C** C00350108

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 0 8

Transaction ID: 81020.C6575

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5930 Sharon Woods Blvd Ste 101

City State Zip Code
Columbus OH 43229-2666

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 0 / 2 0 0 8

Transaction ID: 81020.C6616

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Leis for Sheriff Committee

Mailing Address 6506 Werk Rd

City State Zip Code
Cincinnati OH 45248-2929

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 4 / 2 0 0 8

Transaction ID: 81020.C6750

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1650.00

TOTAL This Period (last page this line number only) ► 4150.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
C103 (WRAC)

Mailing Address PO Box 103

City State Zip Code
West Union OH 45693-0103

Purpose of Disbursement
Radio Ad

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1638
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 323.40 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO AD

B.

Full Name (Last, First, Middle Initial)
Cardmember Services

Mailing Address PO Box 790408

City State Zip Code
Saint Louis MO 63179-0408

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1660
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 7 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|----------|
| 10237.06 |
|----------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
BP Oil

Mailing Address 7799 Montgomery Rd

City State Zip Code
Cincinnati OH 45236-4201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1683
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|-------|
| 30.15 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|----------|
| 10560.46 |
|----------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
BP Oil

Transaction ID: 81020.E1687
Date of Disbursement

Mailing Address 7799 Montgomery Rd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City Cincinnati State OH Zip Code 45236-4201

Amount of Each Disbursement this Period

| |
|-------|
| 30.06 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: GAS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BP Oil

Transaction ID: 81020.E1689
Date of Disbursement

Mailing Address 7799 Montgomery Rd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 0 | 8 |

City Cincinnati State OH Zip Code 45236-4201

Amount of Each Disbursement this Period

| |
|-------|
| 30.02 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: GAS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Biggs Hypermarkets

Transaction ID: 81020.E1661
Date of Disbursement

Mailing Address 9600 S. Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 1 | | 2 | 0 | 0 | 8 |

City Mason State OH Zip Code 45040-

Amount of Each Disbursement this Period

| |
|--------|
| 104.12 |
|--------|

Purpose of Disbursement
Food For Event

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: FOOD FOR EVENT

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Delta Blvd. P 20706 City Atlanta State GA Zip Code 30320- Purpose of Disbursement Airline Tickets GOP Convention Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1669 Date of Disbursement 08 / 14 / 2008 Amount of Each Disbursement this Period 3748.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRLINE TICKETS GOP CONVENTION | |
| B. | Full Name (Last, First, Middle Initial) Donatos Pizza Mailing Address 721 Main St. City Cincinnati State OH Zip Code 45202- Purpose of Disbursement Campaign Worker Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1676 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 180.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN WORKER FOOD | |
| C. | Full Name (Last, First, Middle Initial) Hilton Netherland Plaza Mailing Address 35 W 5th St City Cincinnati State OH Zip Code 45202-2801 Purpose of Disbursement TV Commercial Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1675 Date of Disbursement 09 / 13 / 2008 Amount of Each Disbursement this Period 563.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TV COMMERCIAL EXPEN- SE | |

| | | | |
|--|------|--|--|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 | | |
| TOTAL This Period (last page this line number only) ▶ | | | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Microwines <hr/> Mailing Address 7292 Kenwood Rd <hr/> City Cincinnati State OH Zip Code 45236-4406 <hr/> Purpose of Disbursement Fundraising Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1688 Date of Disbursement 09 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 958.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EVENT |
| B. | Full Name (Last, First, Middle Initial) Office Max <hr/> Mailing Address 4540 Eastgate Blvd. <hr/> City Cincinnati State OH Zip Code 45245- <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1666 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 7.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| C. | Full Name (Last, First, Middle Initial) Radisson Plaza Mpls. <hr/> Mailing Address 35 S 7th St <hr/> City Minneapolis State MN Zip Code 55402-1602 <hr/> Purpose of Disbursement Rooms GOP Convention Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1670 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2937.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ROOMS GOP CONVENTION |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 62

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 8791 Mason Montgomery Rd.</p> <p>City Mason State OH Zip Code 45040-</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1679</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 30.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 8791 Mason Montgomery Rd.</p> <p>City Mason State OH Zip Code 45040-</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1682</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 8791 Mason Montgomery Rd.</p> <p>City Mason State OH Zip Code 45040-</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1690</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 30.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p> |

| | |
|---|-------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1695
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 20.02 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1691
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 6 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 30.08 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

C.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1692
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 7 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 25.14 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1685
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 7 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 30.16 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

B.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1686
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 30.08 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

C.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: 81020.E1684
Date of Disbursement

Mailing Address 8791 Mason Montgomery Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 3 | | 2 | 0 | 0 | 8 |

City State Zip Code
Mason OH 45040-

Amount of Each Disbursement this Period

| |
|-------|
| 30.18 |
|-------|

Purpose of Disbursement
Gas

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: GAS

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 8791 Mason Montgomery Rd.

City State Zip Code
Mason OH 45040-

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1694

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

25.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

B.

Full Name (Last, First, Middle Initial)
Skyline Chili

Mailing Address 7787 Montgomery Rd

City State Zip Code
Cincinnati OH 45236-4201

Purpose of Disbursement
Campaign Worker Food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1672

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

40.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAMPAIGN WORKER FOOD

C.

Full Name (Last, First, Middle Initial)
Skyline Chili

Mailing Address 7787 Montgomery Rd

City State Zip Code
Cincinnati OH 45236-4201

Purpose of Disbursement
Campaign Worker Food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1674

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAMPAIGN WORKER FOOD

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 7800 Montgomery Rd

City Cincinnati State OH Zip Code 45236-

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.E1680
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|-------|
| 20.08 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 7800 Montgomery Rd

City Cincinnati State OH Zip Code 45236-

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.E1663
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|-------|
| 13.09 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address US Post Office

City Milford State OH Zip Code 45150-

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.E1662
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 420.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
US Post Office

Transaction ID: 81020.E1693
Date of Disbursement

Mailing Address US Post Office

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 0 | 8 |

City Milford State OH Zip Code 45150-

Amount of Each Disbursement this Period

| |
|-------|
| 16.80 |
|-------|

Purpose of Disbursement
Postage

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

[MEMO ITEM]
MEMO: POSTAGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Post Office

Transaction ID: 81020.E1678
Date of Disbursement

Mailing Address US Post Office

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 4 | | 2 | 0 | 0 | 8 |

City Milford State OH Zip Code 45150-

Amount of Each Disbursement this Period

| |
|--------|
| 294.00 |
|--------|

Purpose of Disbursement
Postage

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

[MEMO ITEM]
MEMO: POSTAGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Post Office

Transaction ID: 81020.E1681
Date of Disbursement

Mailing Address US Post Office

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 8 |

City Milford State OH Zip Code 45150-

Amount of Each Disbursement this Period

| |
|--------|
| 168.00 |
|--------|

Purpose of Disbursement
Postage

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

[MEMO ITEM]
MEMO: POSTAGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
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|--|

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Cincinnati Bell Mailing Address PO Box 748003 City Cincinnati State OH Zip Code 45274- Purpose of Disbursement Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 81020.E1648 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 49.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES |
| B. | Full Name (Last, First, Middle Initial) Cincinnati Bell Mailing Address PO Box 748003 City Cincinnati State OH Zip Code 45274- Purpose of Disbursement Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 81020.E1649 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 398.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES |
| C. | Full Name (Last, First, Middle Initial) Cincinnati Bell Mailing Address PO Box 748003 City Cincinnati State OH Zip Code 45274- Purpose of Disbursement Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 81020.E1650 Date of Disbursement 10 / 07 / 2008 Amount of Each Disbursement this Period 221.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 669.71 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Congressional Trust 2008

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.E1659
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Lee Czerwonka

Mailing Address 10884 Fallsington Ct.

City Cincinnati State OH Zip Code 45242-

Purpose of Disbursement
Fundraising Event

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.C6630IK
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1638.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

IN KIND: FUNDRAISING EVENT

C.

Full Name (Last, First, Middle Initial)
Dark Horse Communications

Mailing Address 36 W Kossuth St

City Columbus State OH Zip Code 43206-1914

Purpose of Disbursement
Consulting Services

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81020.E1657
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

6000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

12638.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Dark Horse Communications

Mailing Address 36 W Kossuth St

City Columbus State OH Zip Code 43206-1914

Purpose of Disbursement
Consulting Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1641
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 283.00 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CONSULTING SERVICES

B.

Full Name (Last, First, Middle Initial)
Sara Dreier

Mailing Address 10397 Colerain Ave.

City Cincinnati State OH Zip Code 45251-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1655
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

C.

Full Name (Last, First, Middle Initial)
Sara Dreier

Mailing Address 10397 Colerain Ave.

City Cincinnati State OH Zip Code 45251-

Purpose of Disbursement
Reimburse campaign travel milage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1697
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 3 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 431.51 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSE CAMPAIGN TRAVEL
MILAGE

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 4714.51 |
|---------|

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

| |
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| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 62

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Greener & Hook | Transaction ID: 81020.E1658 Date of Disbursement 10 / 02 / 2008 |
| | Mailing Address 3101 Wilson Blvd Ste 810 Suite 810 | Amount of Each Disbursement this Period 86377.00 |
| | City Arlington State VA Zip Code 22201-4445 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement TV Advertising Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TV ADVERTISING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Greener & Hook | Transaction ID: 81020.E1639 Date of Disbursement 10 / 09 / 2008 |
| | Mailing Address 3101 Wilson Blvd Ste 810 Suite 810 | Amount of Each Disbursement this Period 75627.00 |
| | City Arlington State VA Zip Code 22201-4445 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement TV Advertising Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TV ADVERTISING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hamilton Cty. Rep. Club Leadership PAC | Transaction ID: 81020.E1653 Date of Disbursement 10 / 02 / 2008 |
| | Mailing Address 700 Walnut St Ste 309 | Amount of Each Disbursement this Period 40.00 |
| | City Cincinnati State OH Zip Code 45202-2015 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Event Ticket Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | EVENT TICKET |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 162044.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Lizzie Hess</p> <p>Mailing Address 525 Missouri Ave</p> <p>City Cincinnati State OH Zip Code 45226-1120</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1654</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p> |
| <p>B. Full Name (Last, First, Middle Initial) Integrity Communication Services LLC</p> <p>Mailing Address 3333 Everson Rd W</p> <p>City Columbus State OH Zip Code 43232-5929</p> <p>Purpose of Disbursement Fundraiser Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1647</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1120.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISER MAILING</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jilco Direct Inc</p> <p>Mailing Address 225 Main St.</p> <p>City Florence State KY Zip Code 41042-</p> <p>Purpose of Disbursement Mailing Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1696</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 10865.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MAILING SERVICES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

13986.48

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Oxford Communications LLC

Mailing Address 121 S Alfred St

City Alexandria State VA Zip Code 22314-3049

Purpose of Disbursement
Fundraiser Mailing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1642
Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

10157.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUNDRAISER MAILING

B.

Full Name (Last, First, Middle Initial)
Patriot Signage

Mailing Address 1001 Second St.

City Dayton State KY Zip Code 41074-

Purpose of Disbursement
Signs

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1652
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

3020.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SIGNS

C.

Full Name (Last, First, Middle Initial)
Bruce A. Pfaff

Mailing Address PO Box 9032

City Cincinnati State OH Zip Code 45209-0032

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81020.E1656
Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

18177.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Tammy Adelhardt Graphic Designer</p> <p>Mailing Address 6191 Charity Dr.</p> <p>City Cincinnati State OH Zip Code 45248-</p> <p>Purpose of Disbursement Campaign Mailer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1640</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2951.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CAMPAIGN MAILER</p> |
| <p>B. Full Name (Last, First, Middle Initial) The American Israelite</p> <p>Mailing Address 906 Main St. Suite 508</p> <p>City Cincinnati State OH Zip Code 45202-</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1646</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="336.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADVERTISING</p> |
| <p>C. Full Name (Last, First, Middle Initial) The News Democrat</p> <p>Mailing Address 111 West Cherry St.</p> <p>City Georgetown State OH Zip Code 45121-</p> <p>Purpose of Disbursement Newspaper Ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1644</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="260.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NEWSPAPER AD</p> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3547.70"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Townsend Group</p> <p>Mailing Address 1006 Pendleton St</p> <p>City Alexandria State VA Zip Code 22314-1837</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1645</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2540.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING SERVICES</p> |
| <p>B. Full Name (Last, First, Middle Initial) WestFax</p> <p>Mailing Address Department #1733</p> <p>City Denver State CO Zip Code 80291-0001</p> <p>Purpose of Disbursement Fax Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1643</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 54.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FAX SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) WIOI</p> <p>Mailing Address PO Box 1233</p> <p>City Portsmouth State OH Zip Code 45662-1233</p> <p>Purpose of Disbursement Radio Ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 81020.E1636</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 269.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RADIO AD</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2863.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | | |
|-----------|---|---|---|
| A. | Full Name (Last, First, Middle Initial) WNXT <hr/> Mailing Address PO Box 685 <hr/> City Portsmouth State OH Zip Code 45662-0685 <hr/> Purpose of Disbursement Radio Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1637 Date of Disbursement 10 / 09 / 2008 | Amount of Each Disbursement this Period 490.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO AD |
| B. | Full Name (Last, First, Middle Initial) WPAY AM/FM Inc <hr/> Mailing Address 1009 Gallia St <hr/> City Portsmouth State OH Zip Code 45662-4140 <hr/> Purpose of Disbursement Radio Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1632 Date of Disbursement 10 / 09 / 2008 | Amount of Each Disbursement this Period 784.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO AD |
| C. | Full Name (Last, First, Middle Initial) WXIC - AM 660 <hr/> Mailing Address PO Box 227 <hr/> City Waverly State OH Zip Code 45690- <hr/> Purpose of Disbursement Radio Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81020.E1635 Date of Disbursement 10 / 09 / 2008 | Amount of Each Disbursement this Period 378.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO AD |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1652.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) WXIZ | Transaction ID: 81020.E1633 |
| | Mailing Address PO Box 227 | Date of Disbursement 10 / 09 / 2008 |
| | City Waverly State OH Zip Code 45690-0227 | Amount of Each Disbursement this Period 378.00 |
| | Purpose of Disbursement Radio Ad Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type RADIO AD |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) WXZQ | Transaction ID: 81020.E1634 |
| | Mailing Address PO Box 820 | Date of Disbursement 10 / 09 / 2008 |
| | City Piketon State OH Zip Code 45661-0820 | Amount of Each Disbursement this Period 378.00 |
| | Purpose of Disbursement Radio Ad Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type RADIO AD |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

756.00

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

231609.35

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 56 / 62 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS51003.C19

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 150.00 | 0.00 | 150.00 |

TERMS

| | | | |
|--|----------------------|--------------------------------|---|
| Date Incurred M M 0 4 D D 0 5 Y Y Y Y 2 0 0 5 | Date Due ONDEMAND | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional) | 150.00 |
| TOTALS This Period (last page in this line only) | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 57 / 62 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS51003.C21

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25000.00 | 0.00 | 25000.00 |

TERMS

| | | | |
|----------------------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 05 D D 16 Y Y Y Y 2005 | ONDEMAND | .0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 25000.00 |
| TOTALS This Period (last page in this line only) | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS51003.C23

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 39000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 39000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---|----------------------|--------------------------------|---|
| Date Incurred MM DD YY 05 23 2005 | Date Due ONDEMAND | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="39000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value=".00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS51003.C24

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP-2005 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 6000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 6000.00 |
|------------------------------------|------------------------------------|--|

TERMS

| | | | |
|---|----------------------|--------------------------------|---|
| Date Incurred MM DD YYYY 05 25 2005 | Date Due ONDEMAND | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="6000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value=".00"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 60 / 62 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

LOANS

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS60419.C1871

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2006 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|--|----------------------|--------------------------------|---|
| Date Incurred MM DD YY YY 03 28 2006 | Date Due ONDEMAND | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional) | 100000.00 |
| TOTALS This Period (last page in this line only) | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS60714.C1978

LOAN SOURCE Full Name (Last, First, Middle Initial)
Jeannette Schmidt - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
P-2006

Mailing Address 771 Wards Corner Rd

City Loveland State OH ZIP Code 45140-

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 65000.00 | 0.00 | 65000.00 |

TERMS

Date Incurred: M M 0 4, D D 2 5, Y Y Y Y 2 0 0 6
Date Due: 20060706
Interest Rate: .0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 65000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Schmidt for Congress Committee

Transaction ID: LS51003.C28

| | |
|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Jeannette Schmidt - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SG-2005 |
| Mailing Address 771 Wards Corner Rd | |
| City Loveland State OH ZIP Code 45140- | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 42000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 42000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|----------------------|--------------------------------|---|
| Date Incurred MM DD YY YY 07 26 2005 | Date Due ONDEMAND | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="42000.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value="277150.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.