One Financial Way
Cincinnati, Ohio 45242

RECEIVED
FEDERAL ELECTION
COMMISSION
OCT 14 9 18 AM '98

Ohio National
Financial Services

Post Office Box 237
Cincinnati, Ohio 45201-0237
Telephone: 513.794.6100

The Ohio National Life Insurance Company
Political Action Committee

VIA FEDERAL EXPRESS

October 13, 1998

Ms. Andrea Wilkins
Reports Analyst
Report Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Identification No. C00296657
October 15, 1998 Quarterly Report

To Whom It May Concern:

The Ohio National Life Insurance Political Action Committee (aka ONLI-PAC) hereby submits FEC Form 3X, Reports of Receipts and Disbursements for the period July 1, 1998 through September 30, 1998.

Please direct any inquiries about ONLI-PAC's submission to the undersigned at 513-794-6443.

Respectfully submitted,

Steven Trumbo
Assistant Secretary

STrnh

Enclosure

PACItFed

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILNG LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

OCT 14 9 10 AM '98

1. NAME OF COMMITTEE (in full) C00296657
The Ohio National Life Insurance Company Political Action Committee aka ONLI-PAC

ADDRESS (number and street) ☐ Check if different than previously reported
One Financial Way

CITY, STATE and ZIP CODE
Cincinnati, Ohio 45242

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-98 through 9-30-98		
6. (a) Cash on Hand January 1, 19 98		$ 681.28
(b) Cash on Hand at Beginning of Reporting Period	$ 4,208.36	
(c) Total Receipts (from Line 19)	$ 5,577.14	$ 17,979.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 9,785.50	$ 18,660.50
7. Total Disbursements (from Line 30)	$ 5,975.00	$ 14,850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,810.50	$ 3,810.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Roylene M. Broadwell

Signature of Treasurer
Roylene M. Broadwell

Date
10/13/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE The Ohio National Life Insurance Company Political Action Committee aka ONLI-PAC

REPORT COVERING PERIOD FROM 7/1/98 TO: 9/30/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$4,124.64	$11,113.14	11(a)(i)
ii. Unitemized	1,452.50	6,866.08	11(a)(ii)
iii. Total (add i and ii) ➤	5,577.14	17,979.22	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,577.14	17,979.22	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,577.14	17,979.22	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,975.00	14,850.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,975.00	14,850.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,975.00	14,850.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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)

The Ohio National Life Insruance Company Political Action Committee aka ONLI-PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David O'Maley 7460 Griffin Gate Cincinnati, Ohio 45255 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Chmn., Pres. & CEO Aggregate Year-to-Date > $ 2,500.00	9/25	$1,000.00
B. Thomas Barefield 3602 Carpenters Green Lane Cincinnati, Ohio 45241 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Sr. VP, Institutional Sls Aggregate Year-to-Date > $ 275.00	P/R D	$ 175.00
C. Howard Becker 2625 Countrylake Drive Cincinnati, Ohio 45233 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Sr. VP, Administration Aggregate Year-to-Date > $ 500.00	9/25	$ 300.00
D. Michael Boedeker 6935 Stoning Road Cincinnati, Ohio 45230 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: VP, Fixed Inc Securities Aggregate Year-to-Date > $ 300.00	P/R D	$ 100.00
E. Thomas Olson 15 McCormick Trail Milford, Ohio 45150 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: VP, Underwriting Aggregate Year-to-Date > $ 272.00	P/R D	$ 112.00
F. John Palmer 7770 Annesdale Drive Cincinnati, Ohio 45243 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Sr. VP, Strategic Initiatives Aggregate Year-to-Date > $ 330.00	P/R D	$ 210.00
G. Christopher Perrin 10196 Bennington Drive Cincinnati, Ohio 45241 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Actuary Aggregate Year-to-Date > $ 207.64	P/R D	$ 87.64

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

The Ohio National Life Insurance Company Political Action Committee aka ONLI-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Summers 537 Locust Run Road Cincinnati, Ohio 45245 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Sr. VP, General Counsel Aggregate Year-to-Date > $ 1,500.00	9/25	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Williams 9459 Oakhurst Court Cincinnati, Ohio 45241 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: VP, Medical Director Aggregate Year-to-Date > $ 795.00	9/25	$ 140.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Bowen 945 Forest Avenue Cincinnati, Ohio 45246 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	The Ohio National Life Insurance Company Occupation: Sr. VP, Information Sys Aggregate Year-to-Date > $ 1,000.00	9/25	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $4,124.64

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

The Ohio National LIfe Insurance Company Political Action Committee aka ONLI-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Chabot for Congress 105 W. 4th Street Cincinnati, Ohio 45202	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/24	$2,100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ohioans for Ken Blackwell William L. Curlis, Treasurer 75 East Gay Street Columbus, Ohio 43215	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/4	$ 500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Joe Deters 6612 Cassidy Court Cincinnati, Ohio 45233	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/25	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee to Re-elect Chief Justice Thomas Moyer Sheldon Taft, Treasurer Box 15367, Columbus, Ohio 43215	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/25	$2,375.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $5,975.00

FEBAN064

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

[X]	Hand Delivered	Date of Receipt 10-14-98
[ ]	First Class Mail	POSTMARKED
[ ]	Registered/Certified Mail	POSTMARKED
[ ]	No Postmark	
[ ]	Postmark Illegible	
[ ]	Received from the House office of Records and Registration	Date of Receipt
[ ]	Received from the Senate Office of Public Records	Date of Receipt
[ ]	Other (Specify):	Postmarked _____ and/or Date of Receipt
[ ]	Electronic Filing	

LRT
PREPARER

10-14-98
DATE PREPARED

(4/98)