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PAGE 1 / 11

FEC FORM 3X	AND DIS	OF RECEIF SBURSEMEN n An Authorized Com	ITS	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	 Example: If over the lin 	typing, type es.	12FE4M5	
My Committee					
ADDRESS (number and stre	545 E. Town St	· · · · · · · · · · · · · · · · · · ·			
Check if different					
than previously reported. (ACC)	Columbus			OH 432	15
2. FEC IDENTIFICATIO	N NUMBER 🔻	CITY 🔺	S		ZIP CODE
C C00586016		3. IS THIS REPORT X	NEW (N) OR	AMENDEI (A))
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8 Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Year Only) Jan 31 (YE)
Quarterly Rep	(C) 12-Da	ay Primary Election	(12P)	General (12G)	Runoff (12R)
Quarterly Rep October 15	ort (Q2) Repo		ion (12C)	Special (12S)	
Quarterly Rep X January 31 Year-End Rep		Election on	/ D D /	Y Y Y Y Y Y	in the State of
July 31 Mid-Y Report (Non-e Year Only) (M	ear (d) 30-Da lection Y) POS	ay I-Election Genera rt for the:	(30G)	Runoff (30R)	Special (30S)
Termination R (TER)		Election on		Y Y Y Y Y	in the State of
5. Covering Period	07 / D D / 01	2015 throu	gh 12		015
I certify that I have examin	-	the best of my knowledge	and belief it is true	e, correct and comp	lete.
Type or Print Name of Trea	asurer Gerald Austin				
Signature of Treasurer	Gerald Austin	[Electro.	nically Filed]		26 / Y Y Y Y 2016
NOTE: Submission of false,	erroneous, or incomplet	e information may subject the	e person signing th	is Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

Γ	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE DF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
Ν	My Committee		
R	eport Covering the Period: From: 0	M / D D / Y Y Y Y 7 01 2015 To:	12 D D / Y Y Y Y 12 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015	[0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	60000.00	60000.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	60000.00	60000.00
7.	Total Disbursements (from Line 31)	43596.55	43596.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16403.45	16403.45
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)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

My Committee

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
50000.00	50000.00
30000.00	
0.00	0.00
7 0.00	
50000.00	50000.00
7 50000.00	3 30000.00
0.00	0.00
7 7	
10000.00	10000.00
60000.00	60000.00
0.00	0.00
0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,
0.00	0.00
7 7	7 7
0.00	0.00
7 7 7	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
00 0000	60000.00
00000.00	
60000.00	60000.00
60000.00	60000
	Total This Period 50000.00 0.00

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date				
(i) Federal Share	0.00	0.0				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	43596.55	43596.55				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	43596.55	43596.5				
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	0.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00					
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00				
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	43596.55	43596.5				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	43596.55	43596.55				

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures					
 Total Contributions (other than loans) (from Line 11(d), page 3) 	60000.00	60000.00			
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00			
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	60000.00	60000.00			
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	43596.55	43596.55			
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	43596.55	43596.55			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

11

			Detailed Summary Page		11a		11b		11c	12				
A	a sector from such D	and Otata and	an mak har satul su an 10		13		14		15	16	17			
any information or for commerce	n copied from such Reports a cial purposes, other than usir	and Statements mang the name and a	ly not be sold or used by any p ddress of any political committe	person fo e to sol	or the icit cor	purp ntrib	pose oution	ot s ns fro	oniciting	contribut	ions e.			
NAME OF	COMMITTEE (In Full)													
angle My Com	nmittee													
Full Name (Patricia E	(Last, First, Middle Initial) Bauman				Date of	f Re	eceipt	t						
	ress 2358 Massachusetts Av	e			м м 09	/		D 15	/ Y	ү ү 2015	Y			
City		State	Zip Code						6A11AI.4					
Washingtor		DC	20008	A	Mount	t of	Each	n Re	ceipt th	is Period				
	nber of contributing tical committee.	C					7	_		50000	00			
Name of Er		Occupation			ontribu	ition	I							
	n Foundation	President												
Receipt For		Aggregate	Year-to-Date ▼											
	(specify) ▼		50000.00											
Full Name	(Last, First, Middle Initial)	1			Date of Receipt									
Mailing Add	lress				M = M	_	-	D	/ Y	Y Y	Y			
City		State	Zip Code	Amount of Each Receipt this Period										
	nber of contributing tical committee.	С					7		9					
Name of Er	nployer	Occupation												
Receipt For		Aggregate	Year-to-Date ▼											
Prima Other	ry General (specify) ▼		, , , , , , , , , ,]										
Full Name ((Last, First, Middle Initial)	1			Date of	f Re	eceipt	t						
Mailing Add	Iress				M = M			D	/ Y	YY	Y			
City		State	Zip Code		mount	tof	Fact	n Ro	ceint th	is Period				
	nber of contributing rical committee.	С					1	i ne	,					
Name of Er	nployer	Occupation												
Receipt For	:	Aggregate	Year-to-Date ▼											
Prima		33 3												
Other	(specify) 🔻		g											
SUBTOTAL o	of Receipts This Page (option	al)					т			50000.	00			
TOTAL This F	Period (last page this line nu	mber only)	······	Ī						50000.	00			
	· · · ·						/		,					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7

OF

11

	Detailed Summary Page	$11a \qquad 11b \qquad X 11c \qquad 12$									
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full) My Committee											
Full Name (Last, First, Middle Initial) A. ATU Cope Voluntary Account		Date of Receipt									
Mailing Address 5025 Wisconsin Avenue NW		10 19 2015									
-	ate Zip Code	Transaction ID : SA11C.4102									
Washington D	C 20016	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C00032995	10000.00									
Name of Employer Occ	upation										
Receipt For: Agg Primary General Other (specify) ▼	regate Year-to-Date ▼ 10000.00]									
Full Name (Last, First, Middle Initial) B.		Date of Receipt									
Mailing Address											
City St	ate Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.											
Name of Employer Occ	upation										
Receipt For: Agg Primary General Other (specify) ▼	regate Year-to-Date ▼]									
Full Name (Last, First, Middle Initial)		Date of Receipt									
Mailing Address		M = M / D = D / Y = Y = Y = Y									
City St	ate Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.											
Name of Employer Occ	upation	_									
Receipt For: Agg Primary General Other (specify) ▼	regate Year-to-Date ▼]									
SUBTOTAL of Receipts This Page (optional)		10000.00									
TOTAL This Period (last page this line number only)		10000.00									

S	CHEDULE B (FEC Form 3X)				DR	LINE	LINE NUMBER: PAGE 8 (DF 11		
IT	EMIZED DISBURSEMENTS					k only one)							7.05					
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam					/ perso		or the		pose (solicitir		ontribu				
\backslash	NAME OF COMMITTEE (In Full)																	
	My Committee																	
Δ	Full Name (Last, First, Middle Initial) Gerald Austin						г	Date of	f Die	shurse	me	ant						
Λ.	Geraid Austin									D			Y Y	Y	Y			
	Mailing Address 356 Perry Road						09 17 2015											
	5	State	Zip Code					Trans	act	ion ID	: 5	SB21B	.412	6				
	Tallmadge Purpose of Disbursement	OH	44278			Transaction ID : SB21B.4126												
	Travel						Amount of Each Disbursement this Period											
	Candidate Name			Cate	egor	ry/		-			-			0400	. 40			
					ype				-	7		- 7		2126	5.12	_		
		nent For: Primary Other (spec	General cify) ▼															
	State: District:																	
В.	Full Name (Last, First, Middle Initial) Lake Research Partners, Inc.						[Date of	f Di	sburse	eme	ent						
Mailing Address 1101 17th Street NW, Ste. 301							10 08 / Y Y Y Y 2015											
	Washington	State DC	Zip Code 20036					Trans	act	ion ID	: 5	SB21B	.412	8				
	Purpose of Disbursement Consulting				-		,	1	l of	Fach		aburaa		t thia	Daria	d		
	Candidate Name			Category/ Type			Amount of Each Disbursement this Period 21582.50											
		nent For: Primary Other (spec	General cify) ▼		<u>/pc</u>													
	State: District:																	
C.	Full Name (Last, First, Middle Initial) Lake Research Partners, Inc.						[Date of	f Di	sburse	eme	ent						
	Mailing Address 1101 17th Street NW, Ste. 301							10 ^M	1		р 6			015	Y			
	Washington	State DC	Zip Code 20036					Trans	act	ion ID	: 8	SB21B	.413	0				
	Purpose of Disbursement Consulting			-	-													
	Candidate Name		Cate			Amount of Each Disbursement this Period												
	Office Sought: House Disbursen	nent For:		Ŋ	ype				-	7	-	- 7	-		-			
	Senate President	Primary Other (spec	General cify) ▼															
_	State: District:										_							
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S	CHEDULE B (FEC Form 3X)					LINE N		:B·			PA	GE	9	OF	11		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) My Committee																
\square	•																
Α.	Full Name (Last, First, Middle Initial) McTigue McGinnis & Colombo, LLO	0					Date of Disbursement										
	Mailing Address 545 E. Town St.							09 23 2015									
	Columbus	State OH	Zip Code 43215				Transaction ID : SB21B.4133										
	Purpose of Disbursement Legal Services						Amount of Each Disbursem						this	Perio	bd		
	Candidate Name			Cate T	egor ype				7		- 7		73	0.09			
	President	nent For: Primary Other (spec	General cify) ▼														
	State: District:																
В.	Full Name (Last, First, Middle Initial) McTigue McGinnis & Colombo, LLO	С							isburs		ent						
	Mailing Address 545 E. Town St.						10 16 / Y Y Y Y 2015										
	Columbus	State OH	Zip Code 43215				Tra	ansac	tion II	D : 8	SB21B.	4135	5				
	Purpose of Disbursement Legal Services				-		A.m.o		f Each			nont	thia	David	. d		
	Candidate Name			Cate	egor ype		Amo	uni o	i Eaci		sburser	nent		0.09	Ja		
		nent For: Primary Other (spec	General cify) ▼														
_	State: District:																
C.	Full Name (Last, First, Middle Initial) McTigue McGinnis & Colombo, LLC	С							isburs		_						
	Mailing Address 545 E. Town St.						м 1			D 11	/ Y)15	Y			
	Columbus	State OH	Zip Code 43215				Tra	insac	tion II): S	SB21B.	4137	,				
	Purpose of Disbursement Legal Services						A.m.o		f Each			nont	thia	David	. d		
	Candidate Name			Cate	egor ype		Amount of Each Disburse							D.00	a		
	President	nent For: Primary Other (spec	General cify) ▼														
_	State: District:																
5	SUBTOTAL of Disbursements This Page (optional)						Ę		7	_	- 7	_	1710).18			
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S	CHEDULE B (FEC Form 3X)		FC	DR L	INE 1	UMBER	:		P	AGE	10 C)F 11			
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	y information copied from such Reports and State for commercial purposes, other than using the name			any	perso	n for the		pose	of soliciti	ng cor	ntribut	ions			
\setminus	NAME OF COMMITTEE (In Full)														
	My Committee														
Δ	Full Name (Last, First, Middle Initial)					Date o	f Die	shured	mont						
~ ·	PROStrategists					M		D		Y Y	Y	Y			
	Mailing Address 1251 Courtland Ave, #301					09 25 2015									
	City	State Zip Code				Transaction ID : SB21B.4139									
	Columbus Purpose of Disbursement	OH 43201													
	Consulting					Amoun	t of	Each	Disburse	ement	this F	Period			
	Candidate Name		Cate	aorv	//	Amount of Each Disbursement this Period									
				pe				7			3000	.00			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼													
	State: District:														
	Full Name (Last, First, Middle Initial)														
В.	PROStrategists					Date o		sburse		YY	Y	Y			
	Mailing Address 1251 Courtland Ave, #301					10 14 2015									
	City Columbus				Transaction ID : SB21B.4141										
	Purpose of Disbursement Consulting				Amount of Each Disbursement this Period										
	Candidate Name		<u></u>			Amour	it of	Each	Disburse	ement	this F	'eriod			
			Cate Ty	gory pe	//						1500	.00			
	Office Sought: House Disburse	ment For:													
	Senate	Primary General													
	State: District:	Other (specify)													
_	Full Name (Last, First, Middle Initial)					Data	(D)								
υ.	PROStrategists					Date o	_			V	N	N/			
	Mailing Address 1251 Courtland Ave, #301					10 ^M	/	2	9	20	15	Ŷ			
	City	State Zip Code			$\neg \uparrow$	Tran	sact	ion ID	: SB21E	3.4143					
	Columbus Purpose of Disbursement	OH 43201				i uli									
	Consulting					Amour	t of	Fach	Dichurc	mont	thic E	Pariod			
	Candidate Name	Cate Ty	gory pe	//	Amount of Each Disbursement this Perio										
	Office Sought: House Disburse	ment For:	,	-	\neg			7							
	Senate	Primary General													
	State: District:	Other (specify)													
	State: District:						_	_		_					
s	UBTOTAL of Disbursements This Page (optional).							3			6000.	00			
т	OTAL This Period (last page this line number only)						7							

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE NUMBER: PAGE 11 OF 11 k only one)									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(C		k only 21b 27	one) 22 28a		23 28b	24	; [25 29	26 30b		
	ny information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) My Committee													
Α.	Full Name (Last, First, Middle Initial) PROStrategists						Date of Disbursement							
	Mailing Address 1251 Courtland Ave, #301													
	State Zip Code columbus OH 43201 urpose of Disbursement						Transaction ID : SB21B.4145							
	Consulting Candidate Name			Amount of Each Disbursement this Period										
		ment For:	Cate Ty	egoi ype		1500.00						0.00		
	State: District:	Primary General Other (specify)												
в.	Full Name (Last, First, Middle Initial)					Date of Disbursement								
	Mailing Address													
	City	State Zip Code												
	Purpose of Disbursement Candidate Name				Amount of Each Disbursement this Period							Period		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	Ty	ype										
	State: District:													
C.	· · · ·					Date of Disbursement								
	Mailing Address										_			
	City State Zip Code Purpose of Disbursement													
	Candidate Name				ry/	Amour	nt of	Each	Disburs	emei	nt this	Period		
F	Senate President	ment For: Primary General Other (specify) ▼												
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