One Financial Way
Cincinnati, Ohio 45242

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV -1 AM 11:30

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

Ohio National
Financial Services.

The Ohio National Life Insurance Company
Political Action Committee

October 27, 1999

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

Re: The Ohio National Life Insurance Company
Political Action Committee
Identification No. C00296657

To Whom It May Concern:

Please find enclosed an amended FEC Form 1 for the above-referenced political action committee. ONLI-PAC is submitting this form to note a change of address for the committee.

Please direct any questions to the undersigned.

Respectfully yours,

Steven Trumbo
Assistant Secretary

ST/nb

Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

1999 NOV -1 A 11:30

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)

The Ohio National Life Insurance Company
Political Action Committee

2. DATE

10-22-99

(b) Number and Street Address ☒ (Check if address is changed)

One Financial Way

3. FEC Identification Number

C00296657

(c) City, State and ZIP Code

Cincinnati, Ohio 45242

4. Is This Report An Amendment?

☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☐ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name | Mailing Address | Title or Position

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name | Mailing Address | Title or Position

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. | Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Roylene M. Broadwell	Roylene M. Broadwell	10-26-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FE9AN114PDF

FEC FORM 1
(revised 4/87)

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10-28-99
☐	Registered/Certified Mail	POSTMARKED
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	11-1-99 DATE PREPARED

(4/98)