

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Fighting for Ohio Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="2164835.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2164835.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="776600.00"/>	<input type="text" value="776600.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2941435.67"/>	<input type="text" value="2941435.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="162983.47"/>	<input type="text" value="162983.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2778452.20"/>	<input type="text" value="2778452.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name
Fighting for Ohio Fund

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	775000.00	775000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	775000.00	775000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	775000.00	775000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	1600.00	1600.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	776600.00	776600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	776600.00	776600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	162983.47	162983.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	162983.47	162983.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. 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	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	162983.47	162983.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	162983.47	162983.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	775000.00	775000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	775000.00	775000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	162983.47	162983.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162983.47	162983.47

**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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. August A. Busch III
 Full Name (Last, First, Middle Initial)
 Mailing Address One Mid Rivers Mall Dr
 Ste 210
 City St Peters State OH Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **03 / 14 / 2016**
Transaction ID : SA11AI.4299
 Amount of Each Receipt this Period **10000.00**
 Memo Item

B. Robert H. Castellini
 Full Name (Last, First, Middle Initial)
 Mailing Address 2180 Grandin Rd
 City Cincinnati State OH Zip Code 45208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Castellini Management Company Occupation Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **12500.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : SA11AI.4314
 Amount of Each Receipt this Period **12500.00**
 Memo Item

C. Susan F. Castellini
 Full Name (Last, First, Middle Initial)
 Mailing Address 2180 Grandin Rd
 City Cincinnati State OH Zip Code 45208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **12500.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : SA11AI.4313
 Amount of Each Receipt this Period **12500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35000.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Edward W. Conard
Full Name (Last, First, Middle Initial)

Mailing Address 1324 Lexington Ave
Box 109

City New York State NY Zip Code 10128

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

Name of Employer Self Occupation Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2016

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
25000.00

Memo Item

B. FreedomVote, Inc.
Full Name (Last, First, Middle Initial)

Mailing Address 131 N Ludlow St
Ste 315

City Dayton State OH Zip Code 45402

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
300000.00

Memo Item

C. D. Gregory Horrigan
Full Name (Last, First, Middle Initial)

Mailing Address 11165 Old Harbour Rd

City North Palm Beach State FL Zip Code 33408

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

Name of Employer Silgan Holdings Occupation Co-Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2016

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	335000.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Seth A. Klarman
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 Heath St
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Baupost Group Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **03 / 14 / 2016**
Transaction ID : SA11AI.4305
 Amount of Each Receipt this Period **100000.00**
 Memo Item

B. Lizanne Megrue
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Cliff Pl
 City Norwalk State CT Zip Code 06853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Galbreath and Company Occupation Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.4362
 Amount of Each Receipt this Period **10000.00**
 Memo Item

C. John L. Nau III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3690 Inwood
 City Houson State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silver Eagle Distributors LP Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **02 / 08 / 2016**
Transaction ID : SA11AI.4296
 Amount of Each Receipt this Period **25000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135000.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. L E Simmons
Full Name (Last, First, Middle Initial)

Mailing Address 600 Travis St
Ste 6600

City Houston State TX Zip Code 77002

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

Name of Employer SCF Partners Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
03 / 09 / 2016
Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
25000.00

Memo Item

B. Frank C. Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 27320 Lake Rd

City Bay Village State OH Zip Code 44140

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

Name of Employer RPM International Inc. Occupation Chairman/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
02 / 08 / 2016
Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	775000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Fighting For Ohio Institute

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 26141

City Alexandria	State VA	Zip Code 22313
--------------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA14.4297

Amount of Each Receipt this Period

1600.00

 Memo Item
 Loan Repayment

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

--

 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	1600.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : **SB21B.4329**

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : **SB21B.4333**

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. First Wave Concepts LLC

Mailing Address 4258 Mayfair Ln

City Port Orange State FL Zip Code 32129

Purpose of Disbursement
Website Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : **SB21B.4321**

Amount of Each Disbursement this Period

2540.00

Memo Item

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

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

14540.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : SB21B.4319

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Reimbursement - See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

525.97

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.4354.1

Amount of Each Disbursement this Period

278.00

Memo Item

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

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

10525.97

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : **SB21B.4326**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Reimbursement - See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : **SB21B.4345**

Amount of Each Disbursement this Period

980.97

Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : **SB21B.4345.0**

Amount of Each Disbursement this Period

291.10

Memo Item

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

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

5980.97

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SB21B.4345.1

Amount of Each Disbursement this Period

291.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SB21B.4345.2

Amount of Each Disbursement this Period

15.91

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SB21B.4345.3

Amount of Each Disbursement this Period

17.86

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : SB21B.4345.4

Amount of Each Disbursement this Period

19.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : SB21B.4345.5

Amount of Each Disbursement this Period

23.83

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2016

Transaction ID : SB21B.4345.6

Amount of Each Disbursement this Period

161.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2016

Transaction ID : **SB21B.4345.7**

Amount of Each Disbursement this Period

161.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MMM Consulting

Mailing Address 755 Boylston St Ste 304

City Boston State MA Zip Code 02116

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : **SB21B.4317**

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MMM Consulting

Mailing Address 755 Boylston St Ste 304

City Boston State MA Zip Code 02116

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : **SB21B.4325**

Amount of Each Disbursement this Period

12500.00

Memo Item

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

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

25000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. MMM Consulting

Mailing Address 755 Boylston St
Ste 304

City Boston State MA Zip Code 02116

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4330

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Beth Myers

Mailing Address 201 Buckminster Rd

City Brookline State MA Zip Code 02445

Purpose of Disbursement
Reimbursement - See Itemization Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4327.0

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2015

Transaction ID : **SB21B.4327.6**

Amount of Each Disbursement this Period

656.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1455 Market St
FL 4

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2015

Transaction ID : **SB21B.4327.8**

Amount of Each Disbursement this Period

38.98

Memo Item

Full Name (Last, First, Middle Initial)

C. North Rock Reports

Mailing Address 45 N Hill Dr
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : **SB21B.4320**

Amount of Each Disbursement this Period

9750.00

Memo Item

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

9750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. North Rock Reports

Mailing Address 45 N Hill Dr
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4332

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Synnovation Solutions

Mailing Address 14 W Oak St

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4298

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Consultant Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2016

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

20000.00

162948.47

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Fighting for Ohio Fund** Transaction ID : SC/9.4245

LOAN SOURCE Full Name (Last, First, Middle Initial) Fighting For Ohio Institute	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 26141		
City Alexandria	State VA	ZIP Code 22313

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	1600.00	0.00

TERMS

Date Incurred M M / D D / Y Y Y Y Y Y 10 / 21 / 2015	Date Due M M / D D / Y Y Y Y Y Y On Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. 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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Synnovation Solutions	Nature of Debt (Purpose): Strategic Consulting
Mailing Address 14 W Oak St	
City State Zip Code Alexandria VA 22301	

Outstanding Balance Beginning This Period 60000.00	Transaction ID : SD10.4289	
Amount Incurred This Period 0.00	Payment This Period 60000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	