

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than 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 CINCINNATI BELL INC FEDERAL PAC

ADDRESS (number and street) 221 E FOURTH STREET (103-1280) CINCINNATI OH 45202 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00087478 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2009 through 04 30 2009

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 KIMBERLY SHEEHY

Signature of Treasurer Electronically Filed by KIMBERLY SHEEHY Date 05 16 2009

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
CINCINNATI BELL INC FEDERAL PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		10324.59
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	15703.87									
(c) Total Receipts (from Line 19)	2824.23	9703.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18528.10	20028.10								
7. Total Disbursements (from Line 31)	8523.70	10023.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10004.40	10004.40								
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**

Write or Type Committee Name
CINCINNATI BELL INC FEDERAL PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	635.30	1563.68
(i) Itemized (use Schedule A)	1190.23	7141.13
(ii) Unitemized	1825.53	8704.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1825.53	8704.81
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
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.)	998.70	998.70
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 Transfer (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))	2824.23	9703.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2824.23	9703.51

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) Shared 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.....	4573.70	4573.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4573.70	4573.70
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	3950.00	5450.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	8523.70	10023.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8523.70	10023.70

DETAILED SUMMARY PAGE
of Disbursements

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)	1825.53	8704.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1825.53	8704.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4573.70	4573.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4573.70	4573.70

Form/Schedule : **F3XN**

Transaction ID :

CINCINNATI BELL TELEPHONE PAYROLL DEPARTMENT INADVERTENTLY DEPOSITED A DUPLICATE PAYROLL DEDUCTION
TO THE CINCINNATI BELL FEDERAL PAC BANK ACCOUNT IN THE AMOUNT OF \$998.70 ON APRIL 2, 2009.
DUE TO THE ERROR, CINCINNATI BELL FEDERAL PAC REFUNDED THE DUPLICATE PAYROLL DEDUCTION DEFERRED
CINCINNATI BELL PAYROLL DEPARTMENT ON APRIL 30, 2009.

**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 / 18
	<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)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) CHARLES R BURKE	Date of Receipt MM / DD / YYYY 04 / 11 / 2009
	Mailing Address 7376 WALLINGFORD DR	Transaction ID: B002996S000012L11A1
	City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 38.65
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation CINCINNATI BELL INC. VP - INFORMATION TECHNOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.85	

B.	Full Name (Last, First, Middle Initial) CHARLES R BURKE	Date of Receipt MM / DD / YYYY 04 / 25 / 2009
	Mailing Address 7376 WALLINGFORD DR	Transaction ID: B002998S000012L11A1
	City State Zip Code CINCINNATI OH 45244	Amount of Each Receipt this Period 38.65
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation CINCINNATI BELL INC. VP - INFORMATION TECHNOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.85	

C.	Full Name (Last, First, Middle Initial) GARY A CORNETT	Date of Receipt MM / DD / YYYY 04 / 11 / 2009
	Mailing Address 24 MARCEL CT	Transaction ID: B002996S000017L11A1
	City State Zip Code FAIRFIELD OH 45014	Amount of Each Receipt this Period 43.27
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation CINCINNATI BELL INC. VP-PURCHASING/SUPPLY CHA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.43	

SUBTOTAL of Receipts This Page (optional)	▶	120.57
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 8 / 18
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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) GARY A CORNETT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 9
	Mailing Address 24 MARCEL CT		Transaction ID: B002998S000017L11A1
	City FAIRFIELD	State OH	Zip Code 45014
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.27
	Name of Employer CINCINNATI BELL INC.	Occupation VP-PURCHASING/SUPPLY CHA	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 389.43	

B.	Full Name (Last, First, Middle Initial) KURT A FREYBERGER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 9
	Mailing Address 30 LINDEN AVE		Transaction ID: B002995S000005L11A1
	City FT	State KY	Zip Code 41075
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.27
	Name of Employer CINCINNATI BELL INC.	Occupation VP & CONTROLLER	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 389.43	

C.	Full Name (Last, First, Middle Initial) KURT A FREYBERGER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 9
	Mailing Address 30 LINDEN AVE		Transaction ID: B002997S000005L11A1
	City FT	State KY	Zip Code 41075
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.27
	Name of Employer CINCINNATI BELL INC.	Occupation VP & CONTROLLER	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 389.43	

SUBTOTAL of Receipts This Page (optional)	▶	129.81
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: PAGE 9 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
MYRA K KAYS

Mailing Address 7831 MONTREAL COURT

City State Zip Code
CINCINNATI OH 45241

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

Name of Employer CINCINNATI BELL INC. Occupation SPECIAL ASST TO THE PRES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.77

Date of Receipt / /
Transaction ID: B002995S000006L11A1

Amount of Each Receipt this Period 24.42

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
MYRA K KAYS

Mailing Address 7831 MONTREAL COURT

City State Zip Code
CINCINNATI OH 45241

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

Name of Employer CINCINNATI BELL INC. Occupation SPECIAL ASST TO THE PRES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.77

Date of Receipt / /
Transaction ID: B002997S000006L11A1

Amount of Each Receipt this Period 24.42

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
BRIAN G KEATING

Mailing Address 2521 SALEM ST

City State Zip Code
CINCINNATI OH 45208

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

Name of Employer CINCINNATI BELL Occupation VP - HR & ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt / /
Transaction ID: B002995S000007L11A1

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 98.84

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: PAGE 10 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
BRIAN G KEATING
 Mailing Address 2521 SALEM ST
 City State Zip Code
CINCINNATI OH 45208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CINCINNATI BELL VP - HR & ADMINISTRATION
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 9
Transaction ID: B002997S000007L11A1
 Amount of Each Receipt this Period
50.00
 PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
YVONNE C LESICKO
 Mailing Address 1168 ROCKPORT COURT
 City State Zip Code
COLUMBUS OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CINCINNATI BELL INC. DIR - STATE LOBBYIST
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.58
 Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 9
Transaction ID: B002996S000045L11A1
 Amount of Each Receipt this Period
33.62
 PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
YVONNE C LESICKO
 Mailing Address 1168 ROCKPORT COURT
 City State Zip Code
COLUMBUS OH 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CINCINNATI BELL INC. DIR - STATE LOBBYIST
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.58
 Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 9
Transaction ID: B002998S000045L11A1
 Amount of Each Receipt this Period
33.62
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **117.24**
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: PAGE 11 / 18
(check only one)

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

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
SCOTT J WALSH

Mailing Address 434 TERWILLEGERS RUN

City MAINEVILLE State OH Zip Code 45039

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

Name of Employer CINCINNATI BELL INC. Occupation ACCOUNT MGR - MAJORS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 11 / 2009
Transaction ID: B002996S000082L11A1
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
SCOTT J WALSH

Mailing Address 434 TERWILLEGERS RUN

City MAINEVILLE State OH Zip Code 45039

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

Name of Employer CINCINNATI BELL INC. Occupation ACCOUNT MGR - MAJORS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 25 / 2009
Transaction ID: B002998S000081L11A1
 Amount of Each Receipt this Period: 25.00
 PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 598 RIVERSHORE DRIVE

City HEBRON State KY Zip Code 41048

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

Name of Employer CINCINNATI BELL INC. Occupation VP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.78

Date of Receipt: 04 / 11 / 2009
Transaction ID: B002995S000012L11A1
 Amount of Each Receipt this Period: 59.42
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 109.42

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: PAGE 12 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER J WILSON

Mailing Address 598 RIVERSHORE DRIVE

City State Zip Code
HEBRON KY 41048

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

Name of Employer Occupation
CINCINNATI BELL INC. VP & GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

534.78

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 9

Transaction ID: B002997S000012L11A1

Amount of Each Receipt this Period
 59.42

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	59.42
TOTAL This Period (last page this line number only)	▶	635.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) CINCINNATI BELL TELEPHONE		Date of Receipt
	Mailing Address (PAYROLL DISBURSEMENT ACCOUNT) 221 E FOURTH STREET (103-1160)		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City CINCINNATI	State OH	Zip Code 45201
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: B003004S000001L17
	Name of Employer		Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="998.70"/> DUPLICATE PAYROLL DEDUCTION IN ERROR
Aggregate Year-to-Date ▼		<input type="text" value="998.70"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="998.70"/>
TOTAL This Period (last page this line number only)	<input type="text" value="998.70"/>

**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)

PAGE 14 / 18

<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)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) CINCINNATI BELL TELEPHONE	Transaction ID: B003004S000002L21B Date of Disbursement 04 / 30 / 2009
	Mailing Address (PAYROLL DISBURSEMENT ACCOUNT) 221 E FOURTH STREET (103-1160)	Amount of Each Disbursement this Period 998.70
	City CINCINNATI State OH Zip Code 45201	
	Purpose of Disbursement REFUND OF DUPLICATE PAYROLL DEDUCTION	001 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) DONELSON AND ASSOCIATES	Transaction ID: B003003S000004L21B Date of Disbursement 04 / 27 / 2009
	Mailing Address P O BOX 24553	Amount of Each Disbursement this Period 3575.00
	City NASHVILLE State TN Zip Code 37202	
	Purpose of Disbursement ANNUAL MAINTENANCE & SUPPORT FEE	001 Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	4573.70
TOTAL This Period (last page this line number only)	4573.70

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ARMOND BUDISH	Transaction ID: B003003S000001L29
	Mailing Address 23240 CHAGRIN BLVD, SUITE 450	Date of Disbursement MM / DD / YYYY 04 / 27 / 2009
	City BEACHWOOD State OH Zip Code 44122	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement FUNDRAISER Candidate Name ARMOND BUDISH	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR BUEHRER	Transaction ID: B003002S000005L29
	Mailing Address 319 ELM STREET	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City WAUSEON State OH Zip Code 43567	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement FUNDRAISER Candidate Name STEVE BUEHRER	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DANIELS FOR STATE REP	Transaction ID: B003002S000001L29
	Mailing Address 440 NORTH STREET	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City GREENFIELD State OH Zip Code 45123	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement FUNDRAISER Candidate Name DAVID DANIELS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 86	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1100.00
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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF TIM DEGEETER Mailing Address 5546 PEARL ROAD City PARMA State OH Zip Code 44129 Purpose of Disbursement FUNDRAISER Candidate Name TIM DEGEETER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B003002S000003L29 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JAY GOYAL Mailing Address 2584 WAHL DRIVE City MANSFIELD State OH Zip Code 44904 Purpose of Disbursement FUNDRAISER Candidate Name JAY GOYAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 58 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B003003S000002L29 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF SHANNON JONES Mailing Address 800 VALLEY VIEW POINT City SPRINGBORO State OH Zip Code 45066 Purpose of Disbursement FUNDRAISER Candidate Name SHANNON JONES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 67 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B003002S000006L29 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) MECKLENBORG FOR STATE REPRESENTATIVE</p> <p>Mailing Address 5324 EDGER DRIVE</p> <p>City CINCINNATI State OH Zip Code 45239</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name BOB MECKLENBORG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B003002S000008L29</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS FOR CONNIE PILLICH</p> <p>Mailing Address 9910 FORESTGLEN DRIVE</p> <p>City CINCINNATI State OH Zip Code 45242</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name CONNIE PILLICH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B003002S000009L29</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR SAYRE</p> <p>Mailing Address 176 DOWNEY HILL DRIVE NE</p> <p>City DOVER State OH Zip Code 44622</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name ALLAN SAYRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B003003S000003L29</p> <p>Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	800.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CINCINNATI BELL INC FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) SEITZ FOR SENATE COMMITTEE	Transaction ID: B003002S000004L29
	Mailing Address 4401 ABBY COURT	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City CINCINNATI State OH Zip Code 45248	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement FUNDRAISER Candidate Name WILLIAM J SEITZ	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SYKES FOR OFFICE	Transaction ID: B003002S000007L29
	Mailing Address 133 FURNACE RUN DRIVE	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement FUNDRAISER Candidate Name VERNON SYKES	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 44	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS WIDENER	Transaction ID: B003002S000002L29
	Mailing Address 23 SOUTH CENTER STREET SUITE 103	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City SPRINGFIELD State OH Zip Code 45502	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement FUNDRAISER Candidate Name CHRISTOPHER WIDENER	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 10	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	950.00
TOTAL This Period (last page this line number only)	3950.00