

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 21 4 43 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Union Central Life Insurance Company		2. FEC IDENTIFICATION NUMBER CD0179010
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1876 Waycross Road		
CITY, STATE and ZIP CODE Cincinnati, OH 45240		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior 1/1/94		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>			
6. (a)	Cash on Hand January 1, 19 97		\$ 2,676.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2,676.00	
(c)	Total Receipts (from Line 19)	\$ 5,944.00	\$ 5,944.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,620.00	\$ 8,620.00
7.	Total Disbursements (from Line 30)	\$ 7,060.00	\$ 7,060.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,560.00	\$ 1,560.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	

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
Michael C. Peppers

Signature of Treasurer
Michael C Peppers

Date
July 17, 1997

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 8/93)

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

(reviled 1/1/91)

NAME OF COMMITTEE Union Central Life Insurance Company	REPORT COVERING PERIOD	
	FROM: 01/01/97	TO: 06/30/97
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1080.00	1080.00
ii. Unitemized	4864.00	4864.00
iii. Total (add i and ii)	5944.00	5944.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c)	5944.00	5944.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	5944.00	5944.00
20. Total Federal Receipts (subtract line 18 from line 19)	5944.00	5944.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (Add a i, a ii, and b)	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	2650.00	2650.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c)	-0-	-0-
29. Other Disbursements	4410.00	4410.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	7060.00	7060.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	7060.00	7060.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	5944.00	5944.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	5944.00	5944.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35)	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

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)
 Union Central Life
 Insurance Company

FEC ID No. C00179010

A. Full Name, Mailing Address and ZIP Code Larry R. Pike 1876 Waycross Road Cincinnati, Oh 45240		Name of Employer Union Central Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 600.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman, Pres & CEO	Aggregate Year-To-Date \$ 600.00 (\$50.00 Semi-Monthly)	
B. Full Name, Mailing Address and ZIP Code John H. Jacobs 1876 Waycross Road Cincinnati, Oh 45240		Name of Employer Union Central Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-To-Date \$ 240.00 (\$20.00 Semi-Monthly)	
C. Full Name, Mailing Address and ZIP Code Charles W. Grover 1876 Waycross Road Cincinnati, Oh 45240		Name of Employer Union Central Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 240.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-To-Date \$ 240.00 (\$20.00 Semi-Monthly)	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \$	

SUBTOTAL of Receipts This Page (optional) 1080.00

TOTAL This Period (last page this line number only) 1080.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from each Report 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)
Union Central Life Insurance Company

FEC ID NO. C00179010

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine for U.S.Senate P.O.Box 340188 Columbus, OH 43234-0188	<u>Fundraiser</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) donation	01/15/97	250.00
B. Full Name, Mailing Address and ZIP Code AOLIC LifePAC c/o Bricker & Eckler 100 South Third Street Columbus, OH 43215-4291	<u>Annual contribution</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) donation	03/10/97	1250.00
C. Full Name, Mailing Address and ZIP Code Volnovich for Senate Committee 8 East Broad Street, 8th Floor Columbus, OH 43215	<u>Fundraiser</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) donation	03/12/97	1000.00
D. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908-I Cincinnati-Dayton Road West Chester, OH 45069	<u>Fundraiser</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/97	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	2650.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		29

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NAME OF COMMITTEE (in Full)
 Union Central Life Insurance Company
 PEC ID No. C00179010

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for William Schuck 865 Macon Alley Columbus, OH 43206	*52' Debt Reduc. AOLIC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	01/10/97	250.00
The Butler County Repub. Party c/o Lincoln Day 3 North Ninth Street Hamilton, OH 45011	Lincoln Day w/Gingrich Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	01/30/97	400.00
The Repub. Senate Campaign Comm. 57 E. Gay Street Columbus, OH 43215	Senate Repub. Caucus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	02/04/97	500.00
Taft for Ohio 16 East Broad Street Suite 410 Columbus, OH 43215	Taft for Govn Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	02/14/97	350.00
Montgomery Campaign Committee 35 E. Gay Street Suite 404 Columbus, OH 43215	2 tickets Breakfast Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/97	200.00
Finan for State Senate Committee P.O. Box 15623 Columbus, OH 43215	St. Patrick's Day Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	03/05/97	500.00
True Blue Patriots P.O. Box 62404 Cincinnati, OH 45262-0404	IRS Reform Breakfast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Donation	05/25/97	60.00
Taft for Ohio 16 East Broad Street Suite 410 Columbus, OH 43215	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/09/97	600.00
Senator Roy Ray Re-election Comm. 202 Sand Run Road Akron, OH 44313	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/09/97	100.00

SUBTOTAL of Disbursements This Page (optional) 2960.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
FOR LINE NUMBER		29

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NAME OF COMMITTEE (In Full)
 Union Central Life Insurance Company
 FEC ID No. C00179010

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Guhadolnik Committee 4091 w. 204th Street Fairview Park, OH 44126	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Donation</u>	04/09/97	50.00
B. Full Name, Mailing Address and ZIP Code People for Metzley & Fair Taxes P.O. Box 36 Piqua, Oh 45356	Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/97	250.00
C. Full Name, Mailing Address and ZIP Code Taft for Ohio 16 East Broad Street Suite 410 Columbus, OH 43215	Breakfast Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/03/97	1000.00
D. Full Name, Mailing Address and ZIP Code Ohio House Repub. Campaign Comm. 211 South Fifth Street Columbus, OH 43215	Repub Caucus Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/97	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1450.00

TOTAL This Period (last page this line number only) 4410.00

