

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Ohio National Financial Services Political Action Committee

ADDRESS (number and street) One Financial Way Cincinnati OH 45242 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00296657 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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 Doris Paul

Signature of Treasurer Doris Paul [Electronically Filed] Date 04 / 09 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Ohio National Financial Services Political Action Committee**

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="2012"/>		43400.35
(b) Cash on Hand at Beginning of Reporting Period.....	43400.35	
(c) Total Receipts (from Line 19) .....	70864.70	70864.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	114265.05	114265.05
7. Total Disbursements (from Line 31).....	16000.00	16000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98265.05	98265.05
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Ohio National Financial Services Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2012 To: M M / D D / Y Y Y Y 03 / 31 / 2012

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).....	68663.70	68663.70
(ii) Unitemized .....	2201.00	2201.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70864.70	70864.70
(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) .....	70864.70	70864.70
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.).....	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))..... ▶	70864.70	70864.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70864.70	70864.70

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
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 .....	4000.00	4000.00
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)) ..	16000.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	16000.00

**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) .....	70864.70	70864.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70864.70	70864.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 21
<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

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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Larry Adams**

Mailing Address 10 Forest Hill Dr

City Cincinnati	State OH	Zip Code 45208
--------------------	-------------	-------------------

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

Name of Employer Ohio National Financial Servic	Occupation Senior Vice President
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2012

**Transaction ID : SA11AI.5593**

Amount of Each Receipt this Period  
5000.00

Check

Full Name (Last, First, Middle Initial)  
**B. Thomas Barefield**

Mailing Address 8065 Indian Hill Road

City Cincinnati	State OH	Zip Code 45243
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio National Financial Servic	Occupation Exec Vice President Institutional Sa
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

**Transaction ID : SA11AI.5523**

Amount of Each Receipt this Period  
5000.00

Payroll 2 x \$2,500

Full Name (Last, First, Middle Initial)  
**C. Lee Bartels**

Mailing Address 11041 Sycamore Grove Lane

City Cincinnati	State OH	Zip Code 45241
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Ohio National Life Insuran	Occupation Vice President - Underwriting
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

**Transaction ID : SA11AI.5524**

Amount of Each Receipt this Period  
2500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> 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 21
<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)  
**Ohio National Financial Services Political Action Committee**

**A. Howard Becker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6132 George's Way  
 City Cincinnati State OH Zip Code 45233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio National Financial Servic Occupation Senior Vice President Admin  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 01 / 2012**  
**Transaction ID : SA11AI.5525**  
 Amount of Each Receipt this Period **5000.00**  
 Check

**B. Richard Bodner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5961 Cook Road  
 City Cincinnati State OH Zip Code 45150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio National Life Insuran Occupation Vice President Insurance Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 23 / 2012**  
**Transaction ID : SA11AI.5529**  
 Amount of Each Receipt this Period **300.00**  
 Payroll 6 x \$50

**C. Philip Byrde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 O'Bannon Creek Lane  
 City Loveland State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio National Life Insuran Occupation Vice President Fixed Income  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **03 / 23 / 2012**  
**Transaction ID : SA11AI.5530**  
 Amount of Each Receipt this Period **294.00**  
 Payroll 6 x \$49

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5594.00</b>
<b>TOTAL</b> 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 8 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ohio National Financial Services Political Action Committee**

**A. H Douglas Cooke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3705 Pennmardel Court  
 City Richmond State VA Zip Code 23233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio National Life Insuran Occupation Vice President ONEQ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : SA11AI.5532**  
 Amount of Each Receipt this Period  
 2500.00  
 Check

**B. Ronald Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10230 Carriage Trail  
 City Cincinnati State OH Zip Code 45242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio National Financial Servic Occupation Executive VP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2012  
**Transaction ID : SA11AI.5537**  
 Amount of Each Receipt this Period  
 5000.00  
 Check

**C. Richard Dowdle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1024 Rolling Pass  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio National Life Insuran Occupation Vice President ONEQ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2012  
**Transaction ID : SA11AI.5539**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00  
**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 9 OF 21
	<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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Scott Durkee**

Mailing Address 2130 Nacommas Ridge

City State Zip Code  
Batavia OH 45103

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

Name of Employer Occupation  
The Ohio National Life Insuran President ONFlight Inc.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period  
500.00

Check

Full Name (Last, First, Middle Initial)  
**B. Anthony Esposito**

Mailing Address 6157 Rose Petal Drive

City State Zip Code  
Cincinnati OH 45247

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

Name of Employer Occupation  
The Ohio National Life Insuran VP Human Resources and Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.5541**

Amount of Each Receipt this Period  
400.00

Payroll 2 x \$200

Full Name (Last, First, Middle Initial)  
**C. Rosemary Gatto**

Mailing Address 3217 Grischy Lan

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer Occupation  
The Ohio National Life Insuran Vice President, Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2788.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.5542**

Amount of Each Receipt this Period  
2788.00

Check \$2,500 and Payroll 6 x \$48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3688.00
<b>TOTAL</b> 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 21
<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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Kristal Hambrick</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2012 <b>Transaction ID : SA11AI.5545</b>
Mailing Address 21 Carousel Cr		Amount of Each Receipt this Period 600.00 Payroll 6 x \$100
City Fairfield	State OH	Zip Code 45014
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00
Name of Employer Ohio National Financial Servic	Occupation Senior Vice President Product Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Haverkamp</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2012 <b>Transaction ID : SA11AI.5546</b>
Mailing Address 10439 Rachel Anne Ct.		Amount of Each Receipt this Period 5000.00 Check
City Cincinnati	State OH	Zip Code 45241
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000.00
Name of Employer Ohio National Financial Servic	Occupation Senior VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ronald Heibert</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2012 <b>Transaction ID : SA11AI.5547</b>
Mailing Address 9787 Hunters Ridge		Amount of Each Receipt this Period 500.00 Check
City Cincinnati	State OH	Zip Code 45249
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Ohio National	Occupation Sr VP and Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6100.00
<b>TOTAL</b> 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 11 OF 21
	<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)  
**Ohio National Financial Services Political Action Committee**

**A. David Herr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 Carpenter's Creek Drive

City Cincinnati State OH Zip Code 45241

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

Name of Employer Ohio Nat'l Financial Svcs Occupation Sr VP Enterprise Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2012  
**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period 5000.00

Check

**B. Gary Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 Congress Run Road

City Cincinnati State OH Zip Code 45215

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

Name of Employer Ohio National Financial Servic Occupation Vice Chairman Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 23 / 2012  
**Transaction ID : SA11AI.5549**

Amount of Each Receipt this Period 5000.00

Check

**C. Elizabeth Martini**  
Full Name (Last, First, Middle Initial)

Mailing Address 3428 Cheviot Ave

City Cincinnati State OH Zip Code 45211

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

Name of Employer Ohio National Financial Servic Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2012  
**Transaction ID : SA11AI.5552**

Amount of Each Receipt this Period 300.00

Payroll 6 x \$50

**SUBTOTAL** of Receipts This Page (optional).....▶ 10300.00

**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: PAGE 12 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. William McFadden**  
 Mailing Address 107 Ravinewood Terrace  
 City State Zip Code  
 Loveland OH 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Ohio National Life Insuran Vice President PGA Western Division  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2012  
**Transaction ID : SA11AI.5554**  
 Amount of Each Receipt this Period  
 270.00  
 Payroll 6 x \$45

Full Name (Last, First, Middle Initial)  
**B. Angela Meehan**  
 Mailing Address 1191 Essex Glen  
 City State Zip Code  
 Morrow OH 45152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Ohio National Life Insuran Asst VP Corporate Communications  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 740.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2012  
**Transaction ID : SA11AI.5555**  
 Amount of Each Receipt this Period  
 740.00  
 Check \$500 and Payroll 6 x \$40

Full Name (Last, First, Middle Initial)  
**C. Leigh Morgan**  
 Mailing Address 8128 Thicket Lane  
 City State Zip Code  
 Cincinnati OH 45255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Ohio National Life Insuran Assistant VP, Internal Audit  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : SA11AI.5594**  
 Amount of Each Receipt this Period  
 800.00  
 Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1810.00  
**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 13 OF 21
	<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)  
**Ohio National Financial Services Political Action Committee**

**A. Stephen Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7803 Shadowhill Way  
City Cincinnati State OH Zip Code 45242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Ohio National Life Insuran Occupation VP Annuity Product Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt **03 / 23 / 2012**  
**Transaction ID : SA11AI.5556**  
Amount of Each Receipt this Period **576.90**  
Payroll 6 x \$96.15

**B. David O'Maley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5085 Willow Hills Lane  
City Cincinnati State OH Zip Code 45243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio National Financial Servic Occupation Chairman, President and CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 12 / 2012**  
**Transaction ID : SA11AI.5559**  
Amount of Each Receipt this Period **5000.00**  
Check

**C. Jeffery Oehler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3122 March Terrace  
City Cincinnati State OH Zip Code 45239  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Ohio National Life Insuran Occupation Vice President Information Systems  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 08 / 2012**  
**Transaction ID : SA11AI.5558**  
Amount of Each Receipt this Period **2500.00**  
Check

**SUBTOTAL** of Receipts This Page (optional)..... **8076.90**  
**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 14 OF 21
<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)  
**Ohio National Financial Services Political Action Committee**

**A. George Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9864 Kittywood Drive  
 City Cincinnati State OH Zip Code 45252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio National Financial Servic Occupation Senior VP, PGA Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2012  
**Transaction ID : SA11AI.5560**  
 Amount of Each Receipt this Period 5000.00  
 Check

**B. Christopher Perrin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10196 Bennington Drive  
 City Cincinnati State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio National Life Insuran Occupation Actuary Investments & Annuities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 03 / 23 / 2012  
**Transaction ID : SA11AI.5561**  
 Amount of Each Receipt this Period 207.72  
 Payroll 6 x \$34.62

**C. Arthur J Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1271 Chaucer Place  
 City Maineville State OH Zip Code 45039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio National Financial Servic Occupation Senior VP & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11AI.5564**  
 Amount of Each Receipt this Period 5000.00  
 Check

**SUBTOTAL** of Receipts This Page (optional).....▶ 10207.72  
**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 15 OF 21  
(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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Tracey Spikes**

Mailing Address 9414 Calwood Circle

City Spring State TX Zip Code 77379

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

Name of Employer The Ohio National Life Insuran Occupation Regional vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
03 / 23 / 2012  
**Transaction ID : SA11AI.5570**

Amount of Each Receipt this Period  
**360.00**

Payroll 6x \$60

Full Name (Last, First, Middle Initial)  
**B. Laurens Sullivan**

Mailing Address 357 Robinson RD

City Mooresville State NC Zip Code 28117

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

Name of Employer ON Equities Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.5572**

Amount of Each Receipt this Period  
**600.00**

Check

Full Name (Last, First, Middle Initial)  
**C. David M Szeremet**

Mailing Address 52 Villagrاند Blvd

City Ft Thomas State KY Zip Code 41075

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

Name of Employer The Ohio National Life Insuran Occupation Advanced Sales Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
03 / 23 / 2012  
**Transaction ID : SA11AI.5573**

Amount of Each Receipt this Period  
**250.00**

Payroll 1 x \$250

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1210.00**

**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 16 OF 21
<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)  
**Ohio National Financial Services Political Action Committee**

**A. Paul Twilling**  
Full Name (Last, First, Middle Initial)

Mailing Address 5235 Leatherwood Drive

City Cincinnati	State OH	Zip Code 45069
--------------------	-------------	-------------------

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

Name of Employer The Ohio National Life Insura	Occupation Vice President Information Systems
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

**Transaction ID : SA11AI.5576**

Amount of Each Receipt this Period  

600.00
--------

Payroll 6 x \$100

**B. Michael C Vogel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8709 Wuest Road

City Cincinnati	State OH	Zip Code 45251
--------------------	-------------	-------------------

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

Name of Employer The Ohio National Life Insuran	Occupation 2nd VP Information Systems
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

**Transaction ID : SA11AI.5577**

Amount of Each Receipt this Period  

288.60
--------

Payroll 6 x \$48.10

**C. Peter Whipple**  
Full Name (Last, First, Middle Initial)

Mailing Address 3578 Top Flite Lane

City Mason	State OH	Zip Code 45040
---------------	-------------	-------------------

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

Name of Employer Ohio Nat'l Financial Services	Occupation VP Life Product Mgmt
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2012

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  

288.48
--------

Payroll 6 x \$48.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1177.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>68663.70</b>



**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 checked="" 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)

**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chabot for Congress**

Mailing Address 3030 Harrison Ave

City State Zip Code  
Cincinnati OH 45211

Purpose of Disbursement  
Contribution

Candidate Name

**Chabot for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2012

**Transaction ID : SB23.5508**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN BOEHNER**

Mailing Address 7908-I Cincinnati Dayton Road

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2012

**Transaction ID : SB23.5595**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LIFEPAC**

Mailing Address 100 South Third Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Check

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2012

**Transaction ID : SB23.5585**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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**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 checked="" 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)

**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mandel Senate Victory Committee**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Check

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2012

**Transaction ID : SB23.5590**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mandel Senate Victory Committee**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Check

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2012

**Transaction ID : SB23.5591**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. PROMOTING OUR REPUBLICAN TEAM PAC**

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Contribution

Candidate Name

**PROMOTING OUR REPUBLICAN TEAM PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	16	/	2012

**Transaction ID : SB23.5511**

Amount of Each Disbursement this Period

2000.00
---------

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

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 checked="" 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)

**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHMIDT FOR CONGRESS COMMITTEE**

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140

Purpose of Disbursement  
Contribution

Candidate Name

**SCHMIDT FOR CONGRESS COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2012

**Transaction ID : SB23.5505**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

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

1000.00
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12000.00
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**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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Batchelder for Representative Committee**

Mailing Address 22 Parkview Dr

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Check

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 69

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5586**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cupp for Supreme Court**

Mailing Address 260 N. Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5518**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kennedy for Ohio**

Mailing Address 260 N. Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Contribtuion

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5513**

Amount of Each Disbursement this Period

**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)				PAGE 21 OF 21					
<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)  
**Ohio National Financial Services Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Re-elect Justice O'Donnell</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2012	
Mailing Address 260 N. Cassady Avenue		Transaction ID : <b>SB29.5517</b>  Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Category/ Type
Zip Code 43209			
Purpose of Disbursement Contribution	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Category/ Type
Zip Code			
Purpose of Disbursement	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Category/ Type
Zip Code			
Purpose of Disbursement	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	4000.00