

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 WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

ADDRESS (number and street) 400 BROADWAY Check if different than previously reported. (ACC) CINCINNATI OH 45202

2. FEC IDENTIFICATION NUMBER C00258228 3. IS THIS REPORT X 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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 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 Mr. Edward J. Babbitt

Signature of Treasurer Electronically Filed by Mr. Edward J. Babbitt Date 07 23 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.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| 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"><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 | | 43385.27 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 43385.27 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24376.00 | 24376.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 67761.27 | 67761.27 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 28250.00 | 28250.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 39511.27 | 39511.27 | | | | | | | | |
| 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

Write or Type Committee Name

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

Report Covering the Period: From: To:

| 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) | 17085.00 | 17085.00 |
| (ii) Unitemized | 6491.00 | 6491.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 23576.00 | 23576.00 |
| (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) | 23576.00 | 23576.00 |
| 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 | 800.00 | 800.00 |
| 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 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)) | 24376.00 | 24376.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24376.00 | 24376.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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..... | 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 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..... | 16250.00 | 16250.00 |
| 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)).. | 28250.00 | 28250.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28250.00 | 28250.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 27

| 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 | 23576.00 | 23576.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23576.00 | 23576.00 |
| 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: PAGE 6 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A. Full Name (Last, First, Middle Initial)
Ms Margaret C. Bell

Mailing Address 616 Yale Avenue

City State Zip Code
Terrace Park OH 45174

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

Name of Employer Occupation
Fort Washington Investment Managing Director
Adv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: SA11AI.5006

Amount of Each Receipt this Period
250.00

lump sum-check

B. Full Name (Last, First, Middle Initial)
Mr. Donald A. Bliss

Mailing Address 3500 E. Lincoln Drive #50

City State Zip Code
Phoenix AZ 85018

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

Name of Employer Occupation
Western & Southern Financial Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2009

Transaction ID: SA11AI.5033

Amount of Each Receipt this Period
500.00

lump sum-check

C. Full Name (Last, First, Middle Initial)
Mr. Mark Caner

Mailing Address 6775 Maddux Drive

City State Zip Code
Cincinnati OH 45230

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

Name of Employer Occupation
W&S Fin. Grp. Distrib.-IFS President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: SA11AI.5000

Amount of Each Receipt this Period
250.00

lump sum-check

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. James N. Clark | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 8430 Concord Hills Circle | Transaction ID: SA11AI.5038 |
| | City State Zip Code Cincinnati OH 45243 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Western & Southern Financial | Occupation Secretary and Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Keith Terrill Clark | Date of Receipt MM / DD / YYYY 03 / 05 / 2009 |
| | Mailing Address 60 Rainbow Terrace | Transaction ID: SA11AI.5009 |
| | City State Zip Code Ft. Thomas KY 41075 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Western & Southern Financial | Occupation VP & Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Ms Jo Ann Davidson | Date of Receipt MM / DD / YYYY 03 / 13 / 2009 |
| | Mailing Address 6639 Forrester Way | Transaction ID: SA11AI.5027 |
| | City State Zip Code Reynoldsburg OH 43068 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Western & Southern Financial | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Rance G. Duke

Mailing Address 7 Warwick Place

City State Zip Code
Glendale OH 45246

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

Name of Employer Fort Washinton Investment Adv.
Occupation VP & Senior Portfolio Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11AI.5014

Amount of Each Receipt this Period
250.00

lump sum-check

B.

Full Name (Last, First, Middle Initial)
Mr. Bryan C. Dunn

Mailing Address 11779 Grandstone Lane

City State Zip Code
Cincinnati OH 45242

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

Name of Employer Western & Southern Agency
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.5034

Amount of Each Receipt this Period
500.00

lump sum-check

C.

Full Name (Last, First, Middle Initial)
Mr. Clint D. Gibler

Mailing Address 1181 Coventry Woods Dr.

City State Zip Code
Cincinnati OH 45230

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

Name of Employer Western & Southern Financial
Occupation Senior VP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period
500.00

lump sum-check

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Edward J. Haines | | Date of Receipt |
| | Mailing Address 1436 Twin Ridge Rd. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009 |
| | City | State | Zip Code |
| | Louisville | KY | 40242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5011 |
| Name of Employer Integrity/IFS | | Occupation Senior VP | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | | lump sum-check |

| | | | |
|---|---|----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Noreen J. Hayes | | Date of Receipt |
| | Mailing Address 8680 Eagleridge | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2009 |
| | City | State | Zip Code |
| | West Chester | OH | 45069 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5045 |
| Name of Employer Western & Southern Financial | | Occupation Senior Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | lump sum-check |

| | | | |
|---|---|----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Bryan E. Hirsch | | Date of Receipt |
| | Mailing Address 1183 Coventry Woods Dr. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 07 / 2009 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45230 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5001 |
| Name of Employer IFS Financial | | Occupation Senior Vice President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | | lump sum-check |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A. Full Name (Last, First, Middle Initial)
Mr. Phillip E. King

Mailing Address 815 Ascot Drive

City State Zip Code
Maineville OH 45039

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Western & Southern Vice President & Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2009

Transaction ID: SA11AI.5005

Amount of Each Receipt this Period 250.00

lump sum-check

B. Full Name (Last, First, Middle Initial)
Dr. J. Harold Kotte

Mailing Address 1201 Edgecliff Place #1122

City State Zip Code
Cincinnati OH 45206

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Western & Southern Financial Director and Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period 750.00

lump sum-check

C. Full Name (Last, First, Middle Initial)
Mr. Richard A Krawczeski

Mailing Address 2796 Observatory

City State Zip Code
Cincinnati OH 45208

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Western & Southern Life Ins. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.5018

Amount of Each Receipt this Period 250.00

lump sum-check

SUBTOTAL of Receipts This Page (optional) 1250.00

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 11 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. William F. Ledwin | | Date of Receipt |
| | Mailing Address 6175 South Clipping | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45243 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5029 |
| Name of Employer Western & Southern Financial | | Occupation Member, Finance Committee | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 400.00 |
| | | | lump sum-check |

| | | | |
|---|---|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. John R. Lindholm | | Date of Receipt |
| | Mailing Address 4 Mockingbird Place | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2009 |
| | City | State | Zip Code |
| | Louisville | KY | 40207 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5013 |
| Name of Employer W&S Lifetime Income Solutions | | Occupation President & CEO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |
| | | | lump sum-check |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Jill T. McGruder | | Date of Receipt |
| | Mailing Address 6820 Hammerstone Way | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 07 / 2009 |
| | City | State | Zip Code |
| | Cincinnati | OH | 45227 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.5069 |
| Name of Employer IFS Financial | | Occupation President & CEO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 375.00 |
| | | | pyrrl. ded., 125/mo., 3 mos. |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1275.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 12 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Barry P. Meyers | Date of Receipt MM / DD / YYYY 03 / 09 / 2009 |
| | Mailing Address 7115 Windham Parkway | Transaction ID: SA11AI.5012 |
| | City Prospect State KY Zip Code 40059 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| | Name of Employer W&S Lifetime Inc. Solutions Occupation Chief Marketing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Joseph B Michael | Date of Receipt MM / DD / YYYY 03 / 13 / 2009 |
| | Mailing Address 23950 Lyman Blvd. | Transaction ID: SA11AI.5025 |
| | City Shaker Heights State OH Zip Code 44122 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| | Name of Employer Fort Washington Investment Adv Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Nora E. Moushey | Date of Receipt MM / DD / YYYY 03 / 03 / 2009 |
| | Mailing Address 8609 Twilighttear Lane | Transaction ID: SA11AI.5089 |
| | City Cincinnati State OH Zip Code 45249 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | pyrrl. ded., 100/mo., 3 mos. |
| | Name of Employer Western & Southern Financial Occupation Senior VP & Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| 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 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Mr. William F. Olds | | Date of Receipt MM / DD / YYYY 03 / 20 / 2009 |
| | Mailing Address 508 Vermont Drive | | Transaction ID: SA11AI.5044 |
| | City Lafayette | State IN | Zip Code 47905 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| | Name of Employer Lafayette Life Insurance Co. | Occupation Senior VP & COO | lump sum-check |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Timothy J. Policinski | | Date of Receipt MM / DD / YYYY 03 / 13 / 2009 |
| | Mailing Address 6194 Red Hawk | | Transaction ID: SA11AI.5022 |
| | City Loveland | State OH | Zip Code 45140 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Ft. Washington Investment Adv. | Occupation Portfolio Manager | lump sum-check |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Maribeth S. Rahe | | Date of Receipt MM / DD / YYYY 03 / 04 / 2009 |
| | Mailing Address 1833 Keys Crescent | | Transaction ID: SA11AI.5007 |
| | City Cincinnati | State OH | Zip Code 45206 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1200.00 |
| | Name of Employer Fort Washington Investment Adv. | Occupation President | lump sum-check |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 14 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Eugene P. Ruehlmann | Date of Receipt MM / DD / YYYY 03 / 12 / 2009 |
| | Mailing Address 1523 Anderson Ferry Road | Transaction ID: SA11AI.5020 |
| | City State Zip Code Cincinnati OH 45238 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| | Name of Employer Western & Southern Financial Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Nicholas Sargen | Date of Receipt MM / DD / YYYY 03 / 12 / 2009 |
| | Mailing Address 1000 Catawba Valley Drive | Transaction ID: SA11AI.5017 |
| | City State Zip Code Cincinnati OH 45226 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| | Name of Employer Ft. Washington Inv. Advisors Occupation Senior VP & Chief Investment Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Smith | Date of Receipt MM / DD / YYYY 04 / 08 / 2009 |
| | Mailing Address 5042 Fall Creek Road | Transaction ID: SA11AI.4995 |
| | City State Zip Code Indianapolis IN 46220 | Amount of Each Receipt this Period 750.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| | Name of Employer Western & Southern Financial Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 15 / 27
(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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Jerry B. Stillwell

Mailing Address 703 Emerald Drive

City State Zip Code
Lafayette IN 47905

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

Name of Employer Occupation
Lafayette Life Insurance Co. Senior VP & CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2009

Transaction ID: SA11AI.5037

Amount of Each Receipt this Period
500.00

lump sum-check

B.

Full Name (Last, First, Middle Initial)
Mr. Richard K. Taulbee

Mailing Address 9235 Applecrest Court

City State Zip Code
Cincinnati OH 45242

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

Name of Employer Occupation
Western & Southern Financial Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2009

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period
300.00

lump sum-check

C.

Full Name (Last, First, Middle Initial)
Mr. John K. Twyman

Mailing Address 8955 Indian Ridge Road

City State Zip Code
Cincinnati OH 45243

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

Name of Employer Occupation
Western & Southern Financial Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 01 / 2009

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period
500.00

lump sum-check

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Deborah Jean Vargo | Date of Receipt MM / DD / YYYY 03 / 05 / 2009 |
| | Mailing Address 3740 Power Drive | Transaction ID: SA11AI.5035 |
| | City State Zip Code Carmel IN 46033 | Amount of Each Receipt this Period 375.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Lafayette Life Insurance Co. | Occupation Sr. VP, Gen. Counsel & Secy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. George Herbert Walker | Date of Receipt MM / DD / YYYY 03 / 16 / 2009 |
| | Mailing Address 19 Portland Place | Transaction ID: SA11AI.5031 |
| | City State Zip Code St. Louis MO 63102 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Western & Southern Financial | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Robert L. Walker | Date of Receipt MM / DD / YYYY 03 / 12 / 2009 |
| | Mailing Address 8400 Eagle Ridge Drive | Transaction ID: SA11AI.5095 |
| | City State Zip Code Cincinnati OH 45243 | Amount of Each Receipt this Period 420.00 |
| | FEC ID number of contributing federal political committee. C | pyrl. ded., 140/mo., 3 mos. |
| Name of Employer Western & Southern Financial | Occupation Senior VP & CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1295.00 |
| 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 17 / 27 |
| | <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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Scott D. Weston | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 9 |
| | Mailing Address 4319 Ashley Oaks Drive | Transaction ID: SA11AI.4997 |
| | City State Zip Code Cincinnati OH 45227 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Ft. Washington Investment Adv | Occupation VP & Portfolio Mgr. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Charles E. White | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 4 / 2 0 0 9 |
| | Mailing Address 303 Broadway | Transaction ID: SA11AI.5010 |
| | City State Zip Code Cincinnati OH 45202 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Integrated Financial Services | Occupation Senior Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. William J. Williams | Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 9 |
| | Mailing Address 7801 Ayres Road | Transaction ID: SA11AI.5049 |
| | City State Zip Code Cincinnati OH 45255 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | lump sum-check |
| Name of Employer Western & Southern Financial | Occupation Chairman, Executive Committee | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| 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 18 / 27 | |
| | (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"/> 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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTHERN PAC)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Donald J. Wuebbling | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2949 Pineridge | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 3 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 3 | | 0 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Cincinnati OH 45208 | | Transaction ID: SA11AI.5096 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1665.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Western & Southern Financial | | Occupation Senior VP & General Counsel | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1665.00 | | | | | | | | | | | | | | | | | | | | | | |
| | | pyrl. ded., 555/mo., 3 mos. | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1665.00 |
| TOTAL This Period (last page this line number only) | ▶ | 17085.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 19 / 27 | |
| | (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 checked="" type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTHERN PAC)

| | | | | |
|---|---|------------------------------------|--|---|
| A. | Full Name (Last, First, Middle Initial) Mallory for Citizens | | Date of Receipt | |
| | Mailing Address 907 Dayton Street | | M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA16.5146 |
| | Cincinnati | OH | 45214 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | C | 800.00 |
| Name of Employer | | Occupation | | Ref. of contrib., over contrib. limit. Discussed with D. Butler FEC to rept on line 16. |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 800.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | 800.00 |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input 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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE | Transaction ID: SB23.5126 |
| | Mailing Address 101 Constitution Ave. NW Suite 700 | Date of Disbursement 05 / 27 / 2009 |
| | City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Contrib. to ACLI PAC | 011 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS | Transaction ID: SB23.5105 |
| | Mailing Address 1018 BENZ AVENUE | Date of Disbursement 03 / 31 / 2009 |
| | City CINCINNATI State OH Zip Code 45238 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Cand. for US House of Reps, OH-1st | 011 Category/ Type |
| | Candidate Name DRIEHAUS FOR CONGRESS | |
| | Office Sought: <input checked="" type="checkbox"/> House <input 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) FRIENDS OF JOHN BOEHNER | Transaction ID: SB23.5103 |
| | Mailing Address 7908-12 Cincinnati Dayton Road | Date of Disbursement 05 / 27 / 2009 |
| | City West Chester State OH Zip Code 45069 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement contrib. to cand. for US House of Reps | 011 Category/ Type |
| | Candidate Name FRIENDS OF JOHN BOEHNER | |
| | 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 9500.00 |
| 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)

PAGE 21 / 27

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Transaction ID: SB23.5108

Date of Disbursement

Mailing Address PO BOX 76187
Suite 800

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 2 | | 2 | 0 | 0 | 9 |

City WASHINGTON State DC Zip Code 20013

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement
Candid. for US Senate, Ohio

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
FRIENDS OF SHERROD BROWN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 00

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2500.00 |
|---------|

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

| |
|----------|
| 12000.00 |
|----------|

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Citizens for Hottinger | Transaction ID: SB29.5128 Date of Disbursement |
| | Mailing Address 386 Sabrecutt Drive | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/> |
| | City Newark State OH Zip Code 43055 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Cand. for Ohio House | <input type="text" value="500.00"/> |
| | Candidate Name | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | 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 Josh Mandel | Transaction ID: SB29.5143 Date of Disbursement |
| | Mailing Address 2112 Acacia Park Drive, Suite 504 | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/> |
| | City Lyndhurst State OH Zip Code 44124 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Cand. for Ohio State Treasurer | <input type="text" value="500.00"/> |
| | Candidate Name | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Citizens for Monzel | Transaction ID: SB29.5115 Date of Disbursement |
| | Mailing Address 720 Hand Avenue | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City Cincinnati State OH Zip Code 45232 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Cand. for Cincinnati City Council | <input type="text" value="250.00"/> |
| | Candidate Name | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Citizens for Monzel Mailing Address 720 Hand Avenue City Cincinnati State OH Zip Code 45232 Purpose of Disbursement Cand. For Cincinnati City Council Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5140 Date of Disbursement 06 / 25 / 2009 Amount of Each Disbursement this Period 500.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Citizens for Pepper Committee Mailing Address PMB 185, 407 Vine Street City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Cand. for Hamilton Co. Commissioner Candidate Name Citizens for Pepper Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5113 Date of Disbursement 03 / 02 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Citizens for Qualls Mailing Address 811 Race Street, 3rd Floor City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Candidate for Cincinnati City Council Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5131 Date of Disbursement 06 / 25 / 2009 Amount of Each Disbursement this Period 500.00 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)
WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Citizens to elect Ron Maag State Representative <hr/> Mailing Address 2075 S. St. Rt. 123 <hr/> City Lebanon State OH Zip Code 45036 <hr/> Purpose of Disbursement Cand. For Ohio House Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5141 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00 |
| B. | Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris <hr/> Mailing Address 1238 TWP. Road 1506 <hr/> City Ashland State OH Zip Code 44805 <hr/> Purpose of Disbursement cand. for Ohio Senate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5118 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00 |
| C. | Full Name (Last, First, Middle Initial) Committee to Elect Niehaus <hr/> Mailing Address 1131 Little Indian Creek Road <hr/> City New Richmond State OH Zip Code 45157 <hr/> Purpose of Disbursement Cand. for Ohio Senate Candidate Name Committee to Elect Niehaus <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5117 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Ghiz for Council Mailing Address 30 Garfield Place, Suite 600 City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Cand. for Cincinnati City Council Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5137 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 500.00 Category/Type: 011 |
| B. Full Name (Last, First, Middle Initial) LifePAC Mailing Address 100 South Third St. City Columbus State OH Zip Code 43215-4291 Purpose of Disbursement Cand. for State and Local Pol. Office Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5122 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 Category/Type: 011 |
| C. Full Name (Last, First, Middle Initial) Mallory for Citizens Mailing Address 907 Dayton Street City Cincinanti State OH Zip Code 45214 Purpose of Disbursement cand. for Cincinnati Mayor Candidate Name Mallory for Citizens Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB29.5116 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 1000.00 Category/Type: 011 |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

A. Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Candidates for Ohio Senate

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.5120

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Seitz for Senate Committee

Mailing Address 4401 Abbey Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement
Cand. for Ohio Senate

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.5119

Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Strickland for Governor

Mailing Address 65 E. State Street, Suite 1800

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Cand. for Governor of Ohio

Candidate Name
Strickland for Governor

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.5110

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

PAGE 27 / 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)

WESTERN AND SOUTHERN LIFE INSURANCE CO POLITICAL ACTION COMMITTEE (WESTERN-SOUTH-ERN PAC)

| | | | | |
|----|---|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Strickland for Governor | | Transaction ID: SB29.5121 | |
| | Mailing Address 65 E. State Street, Suite 1800 | | Date of Disbursement 04 / 09 / 2009 | |
| | City Columbus | State OH | Zip Code 43215 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement cand. for Ohio Governor | | 011 | |
| | Candidate Name | | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | State: | District: | | |

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

16250.00