

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.
Fighting for Ohio Fund

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Christopher M Marston

Signature of Treasurer Christopher M Marston [Electronically Filed] Date 01 / 31 / 2016

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

Fighting for Ohio Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="160524.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2120220.00"/>	<input type="text" value="2306220.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2280744.25"/>	<input type="text" value="2306220.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="115908.58"/>	<input type="text" value="141384.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2164835.67"/>	<input type="text" value="2164835.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1600.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="60000.00"/>	

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
Fighting for Ohio Fund

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).....	2110000.00	2296000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2110000.00	2296000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2120000.00	2306000.00
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).....	220.00	220.00
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))..... ▶	2120220.00	2306220.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2120220.00	2306220.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	114308.58	125459.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114308.58	125459.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	14325.00
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.....	1600.00	1600.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	115908.58	141384.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115908.58	141384.33

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)	2120000.00	2306000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2120000.00	2306000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114308.58	125459.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	220.00	220.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114088.58	125239.33

**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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)
A. Ace Cash Express, Inc.

Mailing Address 1231 Greenway Dr
Ste 600

City Irving State TX Zip Code 75038

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Axxess Financial Services Inc,

Mailing Address 7755 Montgomery Rd
#400

City Cincinnati State OH Zip Code 45236

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
C. Russell L. Carson

Mailing Address 930 Fifth Ave

City New York State NY Zip Code 10021

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

Name of Employer Occupation
Welsh Carson Anderson & Stone Private Equity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
100000.00

SUBTOTAL of Receipts This Page (optional).....▶	115000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

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

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11AI.4174
 Amount of Each Receipt this Period **12500.00**

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

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11AI.4172
 Amount of Each Receipt this Period **12500.00**

C. John W Childs
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Sago Palm Rd
 City Vero beach State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.W. Childs Assoc Occupation finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50000.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : SA11AI.4152
 Amount of Each Receipt this Period **50000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<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)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Crow Holdings, LLC		Date of Receipt
Mailing Address 3819 Maple Ave		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4220
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="50000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="50000.00"/>		

Full Name (Last, First, Middle Initial) B. CV Starr & Co Inc.		Date of Receipt
Mailing Address 399 Park Ave 8th Floor		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4202
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="50000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="50000.00"/>		

Full Name (Last, First, Middle Initial) C. DMP Investments, LLC		Date of Receipt
Mailing Address 3201 Summerhill Rd		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Texarkana	State TX	Zip Code 75503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4137
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="10000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110000.00"/>
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 9 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. ESAFund		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 610 South Boulevard		Transaction ID : SA11AI.4232
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) B. James E. Evans		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2015
Mailing Address 301 E 4th St 40th Floor		Transaction ID : SA11AI.4218
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25000.00
Name of Employer American Financial Group Inc	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) C. Richard T Farmer		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2015
Mailing Address 6847 Cintas Blvd Ste 120		Transaction ID : SA11AI.4133
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 55000.00
Name of Employer Cintas Corp	Occupation Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55000.00	

SUBTOTAL of Receipts This Page (optional).....▶	180000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Richard T Farmer		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Mailing Address 6847 Cintas Blvd Ste 120		Transaction ID : SA11AI.4165
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Cintas Corp	Occupation Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65000.00	

Full Name (Last, First, Middle Initial) B. Richard T Farmer		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2015
Mailing Address 6847 Cintas Blvd Ste 120		Transaction ID : SA11AI.4206
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65000.00
Name of Employer Cintas Corp	Occupation Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130000.00	

Full Name (Last, First, Middle Initial) C. Cynthia A. Fisher		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Mailing Address 186 Park St		Transaction ID : SA11AI.4178
City Newton	State MA	Zip Code 02458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer Waterrev, LLC	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
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 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Cynthia A. Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 186 Park St
 City Newton State MA Zip Code 02458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waterrev, LLC Occupation Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **125000.00**

Date of Receipt
 12 / 08 / 2015
Transaction ID : SA11AI.4192
 Amount of Each Receipt this Period
100000.00

B. FreedomVote, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 N Ludlow St Ste 315
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200000.00**

Date of Receipt
 12 / 29 / 2015
Transaction ID : SA11AI.4226
 Amount of Each Receipt this Period
200000.00

C. Kenneth C Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Dearborn St Ste 3200
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citadel Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt
 12 / 30 / 2015
Transaction ID : SA11AI.4228
 Amount of Each Receipt this Period
250000.00

SUBTOTAL of Receipts This Page (optional)..... **550000.00**
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 12 OF 31
	<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)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Roger Hertog		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2015 Transaction ID : SA11AI.4222
Mailing Address 745 5th Ave Ste 1400		Amount of Each Receipt this Period 25000.00
City New York	State NY	
Zip Code 10151		Aggregate Year-to-Date ▼ 25000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Tivkah Fund	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Integrity Funding Ohio		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2015 Transaction ID : SA11AI.4158
Mailing Address 84 Villa Rd		Amount of Each Receipt this Period 15000.00
City Greenville	State OH	
Zip Code 29615		Aggregate Year-to-Date ▼ 15000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert J. Kohlhepp		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2015 Transaction ID : SA11AI.4193
Mailing Address 100 W Rivercenter Blvd, PH #1B		Amount of Each Receipt this Period 25000.00
City Covington	State KY	
Zip Code 41011		Aggregate Year-to-Date ▼ 25000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cintas Corporation	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	65000.00
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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. Carl H. Lindner
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 East 4th St
 Floor 40
 City Cincinnati State OH Zip Code 45202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Financial Group, Inc. Occupation Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.4216
 Amount of Each Receipt this Period
50000.00

B. Edyth B. Lindner
 Full Name (Last, First, Middle Initial)
 Mailing Address 8555 Shawnee Run Rd
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period
100000.00

C. Keith E. Lindner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1365
 City Ponte Vedra Beach State FL Zip Code 32004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Media
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.4208
 Amount of Each Receipt this Period
100000.00

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
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 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Martha Lindner		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2015
Mailing Address 301 E 4th St Floor 40		Transaction ID : SA11AI.4214
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50000.00
Name of Employer American Financial Group Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) B. S. Craig Lindner		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2015
Mailing Address 301 East 4th St 40th Fl		Transaction ID : SA11AI.4210
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100000.00
Name of Employer American Financial Group	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) C. Linda McMahon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 14 Hurlingham Dr		Transaction ID : SA11AI.4230
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100000.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
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 OF 31
(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)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)
A. John L. Nau III

Mailing Address **7777 Washington Ave**

City **Houson** State **TX** Zip Code **77007**

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

Name of Employer **Silver Eagle Distributors LP** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt
11 / 10 / 2015
Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
25000.00

Full Name (Last, First, Middle Initial)
B. NCP Finance Ohio, LLC

Mailing Address **205 Sugar Camp Cir**

City **Dayton** State **OH** Zip Code **45409**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt
07 / 01 / 2015
Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
25000.00

Full Name (Last, First, Middle Initial)
C. William E. Oberndorf

Mailing Address **615 Front St**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **Oberndorf Enterprises** Occupation **owner**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt
12 / 09 / 2015
Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75000.00**

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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Paul Singer		Date of Receipt MM / DD / YYYY 12 / 10 / 2015 Transaction ID : SA11AI.4224
Mailing Address 40 W 57th St FI 30		Amount of Each Receipt this Period 250000.00
City New York	State NY	
Zip Code 10019		Aggregate Year-to-Date ▼ 250000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Elliott Management Corporation	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Thomas Smith		Date of Receipt MM / DD / YYYY 10 / 09 / 2015 Transaction ID : SA11AI.4166
Mailing Address 2200 Butts Rd Suite 320		Amount of Each Receipt this Period 15000.00
City Boca Raton	State FL	
Zip Code 33431		Aggregate Year-to-Date ▼ 15000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Rajesh Soin		Date of Receipt MM / DD / YYYY 07 / 10 / 2015 Transaction ID : SA11AI.4155
Mailing Address 50 Lighthouse Point Dr		Amount of Each Receipt this Period 25000.00
City Longboat Key	State FL	
Zip Code 34228		Aggregate Year-to-Date ▼ 25000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Soin International	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	290000.00
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 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial) A. Starr Indemnity & Liability Company		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2015
Mailing Address 399 Park Ave 8th Floor		Transaction ID : SA11AI.4201
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	2110000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)
A. ADVANCE AMERICA CASH ADVANCE CENTERS INC. PAC

Mailing Address 135 N. CHURCH STREET

City State Zip Code
SPARTANBURG SC 29306

FEC ID number of contributing federal political committee. **C** C00429001

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SA11C.4164

Amount of Each Receipt this Period
10000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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 19 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Fighting for Ohio Fund

A. Fighting For Ohio Institute

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

City Alexandria State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA15.4237

Amount of Each Receipt this Period
220.00

Reimbursement for Share of Legal Services

B.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	220.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 5555 Hilton Ave Ste 106

City State Zip Code
Baton Rouge LA 70808

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 5555 Hilton Ave Ste 106

City State Zip Code
Baton Rouge LA 70808

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4235

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BKM Strategies

Mailing Address 1020 Bernard St
Ste 200

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Creative Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4242

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)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

B. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.4236

Amount of Each Disbursement this Period

24076.95

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

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

30296.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4241

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4248

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Mailing Address 601 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4253

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)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Corporate Chef

Mailing Address 48 W 56th St

City New York State NY Zip Code 10019

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : **SB21B.4180**

Amount of Each Disbursement this Period

752.71

Full Name (Last, First, Middle Initial)

B. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Reimbursement (Itemized Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SB21B.4243**

Amount of Each Disbursement this Period

1646.78

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : **SB21B.4243.4**

Amount of Each Disbursement this Period

208.55

[MEMO ITEM]

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

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

2399.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

A. USAirways

Full Name (Last, First, Middle Initial)

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 11 / 2015

Transaction ID : **SB21B.4243.5**

Amount of Each Disbursement this Period: 88.80

[MEMO ITEM]

B. Mithcell's Steakhouse

Full Name (Last, First, Middle Initial)

Mailing Address 45 N 3rd St

City Columbus State OH Zip Code 43215

Purpose of Disbursement Food/Beverages

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.4243.10**

Amount of Each Disbursement this Period: 269.45

[MEMO ITEM]

C. USAirways

Full Name (Last, First, Middle Initial)

Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 09 / 2015

Transaction ID : **SB21B.4243.11**

Amount of Each Disbursement this Period: 144.05

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : SB21B.4244

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

B. Scott Guthrie

Mailing Address 1714 Bay St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Reimbursement (See Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB21B.4182

Amount of Each Disbursement this Period

1652.18

Full Name (Last, First, Middle Initial)

C. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB21B.4182.0

Amount of Each Disbursement this Period

1028.20

[MEMO ITEM]

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

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

14152.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Expedia

Mailing Address 333 108th Ave NE
Ste 300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.4182.2

Amount of Each Disbursement this Period

496.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Holtzman Vogel Josefiak, PLLC

Mailing Address 45 N Hill Dr
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

293.75

Full Name (Last, First, Middle Initial)

C. MMM Consulting

Mailing Address 755 Boylston St
Ste 304

City Boston State MA Zip Code 02116

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

12500.00

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

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

12793.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Beth Myers

Mailing Address 201 Buckminster Rd

City State Zip Code
Brookline MA 02445

Purpose of Disbursement
Reimbursement (Itemized Below)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : **SB21B.4246**

Amount of Each Disbursement this Period

1063.91

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : **SB21B.4246.0**

Amount of Each Disbursement this Period

282.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Blvd

City State Zip Code
Atlanta GA 30354

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : **SB21B.4246.4**

Amount of Each Disbursement this Period

617.10

[MEMO ITEM]

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

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

1063.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. North Rock Reports

Mailing Address 45 N Hill Dr
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.4239

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

B. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB21B.4249

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

26000.00

114156.88

**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 checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

Full Name (Last, First, Middle Initial)

A. Fighting For Ohio Institute

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Loan

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SB27.4245

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1600.00

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

1600.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate: % (apr)

Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="1600.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Fighting for Ohio Fund

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4289	
Amount Incurred This Period <input type="text" value="60000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60000.00"/>

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

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="60000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="60000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="60000.00"/>