

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 OCT -3 A 8:55

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CENTRAL BENEFITS MUTUAL INSURANCE COMPANY
FUND

ADDRESS (number and street)

716 MT AIRYSHIRE BLVD



(Check if address is changed)

COLUMBUS OH 43235

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dtague@cenben.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

614-797-5103

2. DATE

10 / 01 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C00204646

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID P. TAGUE

Signature of Treasurer

Date

09 / 28 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26039192909

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CENTRAL BENEFITS MUTUAL INSURANCE COMPANY

Mailing Address

416 MT AIRYSHIRE BLVD

COLUMBUS OH 43235

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED ORGANIZATION

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

26039192910

Write or Type Committee Name

CENTRAL BENEFITS MUTUAL INSURANCE COMPANY FUND

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DAVID P TAGUE

Mailing Address 416 MT AIRYSHIRE BLVD

COLUMBUS OH 43235

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 800-333-5711

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DAVID P TAGUE

Mailing Address 416 MT AIRYSHIRE BLVD

COLUMBUS OH 43235

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 800-333-5711

Full Name of Designated Agent JOE HOFFMAN

Mailing Address 416 MT AIRYSHIRE BLVD

COLUMBUS OH 43235

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 800-333-5711

26039192911

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

HUNTINGTON NATIONAL BANK

Mailing Address

41 SOUTH HIGH STREET

COLUMBUS OH 43215

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

26039192912

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>9/28/06</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	<i>10/3/06</i>
PREPARER	DATE PREPARED

25039192913