



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

New Leadership for Ohio

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="2016"/>		<input type="text" value="677117.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="677117.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="281000.00"/>	<input type="text" value="281000.00"/>
(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="958117.67"/>	<input type="text" value="958117.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="956223.50"/>	<input type="text" value="956223.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1894.17"/>	<input type="text" value="1894.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**New Leadership for Ohio**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

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).....	281000.00	281000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	281000.00	281000.00
(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) .....	281000.00	281000.00
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.....	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))..... ▶	281000.00	281000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	281000.00	281000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	168111.50	168111.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	168111.50	168111.50
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) .....	788112.00	788112.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	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)) ..	956223.50	956223.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	956223.50	956223.50

**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) .....	281000.00	281000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	281000.00	281000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	168111.50	168111.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	168111.50	168111.50

**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 38
	<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)  
**New Leadership for Ohio**

**A. Robert A. Axelrod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2610 Tilden Place NW  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stavins & Axelrod Properties Occupation Real Estate Developer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : SA11AI.4250**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. Barbara Lichtenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Stanley Ave  
 City Cincinnati State OH Zip Code 45226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Not Employed  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11AI.4246**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Philip Lichtenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Stanley Ave  
 City Cincinnati State OH Zip Code 45226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Home of Cincinnati Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : SA11AI.4252**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20000.00  
**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 38
	<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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)  
**A. Victoria Reynolds**

Mailing Address 2346 Bedford Ave

City Cincinnati State OH Zip Code 45208

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Richard Rosenthal**

Mailing Address 8 Melville

City Cincinnati State OH Zip Code 45208

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

Name of Employer Uptown Arts Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
50000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Jack Rouse**

Mailing Address 3905 Winding Way

City Cincinnati State OH Zip Code 45229

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

Name of Employer Jack Rouse Associates, Inc. Occupation Founder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2016

**Transaction ID : SA11AI.4244**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56000.00
<b>TOTAL</b> 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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St.

City Cambridge State MA Zip Code 02138

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.4218**

Amount of Each Disbursement this Period: 790.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 201 Pennsylvania Ave. SE

City Washington State DC Zip Code 20001

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.4274**

Amount of Each Disbursement this Period: 30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Focus Matters, LLC**

Mailing Address 1900 NW Expressway Suite 825

City Oklahoma City State OK Zip Code 73118

Purpose of Disbursement Consultant - Fundraising

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.4216**

Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3820.00

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Focus Matters, LLC**

Mailing Address 1900 NW Expressway  
Suite 825

City Oklahoma City State OK Zip Code 73118

Purpose of Disbursement  
Consultant - Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : **SB21B.4277**

Amount of Each Disbursement this Period

1560.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Garvey Schubert Barer**

Mailing Address 1000 Potomac St. NW  
Suite 200

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Attorney Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.4219**

Amount of Each Disbursement this Period

1046.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. Garvey Schubert Barer**

Mailing Address 1000 Potomac St. NW  
Suite 200

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Attorney Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : **SB21B.4230**

Amount of Each Disbursement this Period

674.25

Memo Item

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

3280.50

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Garvey Schubert Barer**

Mailing Address 1000 Potomac St. NW  
Suite 200

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Attorney Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : **SB21B.4275**

Amount of Each Disbursement this Period

1089.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Garvey Schubert Barer**

Mailing Address 1000 Potomac St. NW  
Suite 200

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Attorney Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : **SB21B.4276**

Amount of Each Disbursement this Period

222.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Media, Inc.**

Mailing Address 404 Brightling Way

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement  
Consultant - Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.4215**

Amount of Each Disbursement this Period

10000.00

Memo Item

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

11311.75

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Media, Inc.**

Mailing Address 404 Brightling Way

City State Zip Code  
Holly Springs NC 27540

Purpose of Disbursement  
Consultant - Strategy

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  
01 / 04 / 2016

**Transaction ID : SB21B.4238**

Amount of Each Disbursement this Period

11476.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Media, Inc.**

Mailing Address 404 Brightling Way

City State Zip Code  
Holly Springs NC 27540

Purpose of Disbursement  
Consultant - Strategy

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  
01 / 26 / 2016

**Transaction ID : SB21B.4239**

Amount of Each Disbursement this Period

10914.33

Memo Item

Full Name (Last, First, Middle Initial)

**C. Media, Inc.**

Mailing Address 404 Brightling Way

City State Zip Code  
Holly Springs NC 27540

Purpose of Disbursement  
Consultant - Strategy

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  
02 / 02 / 2016

**Transaction ID : SB21B.4240**

Amount of Each Disbursement this Period

6514.00

Memo Item

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

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

28905.13

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Media, Inc.**

Mailing Address 404 Brightling Way

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement  
Consultant - Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : **SB21B.4241**

Amount of Each Disbursement this Period  
1476.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Media, Inc.**

Mailing Address 404 Brightling Way

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement  
Consultant - Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **SB21B.4270**

Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Media, Inc.**

Mailing Address 404 Brightling Way

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement  
Consultant - Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.4271**

Amount of Each Disbursement this Period  
14989.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 21465.82

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Next Level Partners LLC**

Mailing Address 410 1st Street SE, Ste 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.4211**

Amount of Each Disbursement this Period

6750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Next Level Partners LLC**

Mailing Address 410 1st Street SE, Ste 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : **SB21B.4229**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Next Level Partners LLC**

Mailing Address 410 1st Street SE, Ste 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.4272**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

6750.00

6750.00

**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

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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Old Towne Media**

Mailing Address PO Box 31150

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Advertisement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

91888.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 2211 N. 1st St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period

145.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 2211 N. 1st St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

29.30

Memo Item

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

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

92062.60

**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)  
**New Leadership for Ohio**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 N. 1st St.

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Processing Fees

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  
02 / 11 / 2016

**Transaction ID : SB21B.4233**

Amount of Each Disbursement this Period

145.30

Memo Item

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

Memo Item

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

Memo Item

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

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

145.30

167741.10



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">7586.50</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4279</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7586.50</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">7586.50</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4282</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15173.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">15173.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 13 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">17634.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4283</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32807.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 13 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">17634.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4284</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50441.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">35268.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 15 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">20974.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4287</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">105498.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 15 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">20974.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4288</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">126472.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">41948.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">14414.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4291</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">173814.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">14414.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4292</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">188228.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">28828.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Old Towne Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">999999.99</span> 39123.00
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4293</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999999.99</span> 227351.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Old Towne Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">999999.99</span> 39123.00
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4294</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999999.99</span> 266474.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">999999.99</span> 78246.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<span style="border: 1px solid black; padding: 2px;">999999.99</span>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">999999.99</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New Leadership for Ohio
FEC IDENTIFICATION NUMBER
C C00586867
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Television Advertisement
Name of Federal Candidate: Ted Strickland
Office Sought: Senate, State: OH
Disbursement For: Primary
Amount: 8311.50
Transaction ID: SE.4295
Date of Disbursement or Obligation: 01/21/2016
Calendar Year-To-Date Per Election for Office Sought: 274785.50

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Television Advertisement
Name of Federal Candidate: P.G. Sittenfeld
Office Sought: Senate, State: OH
Disbursement For: Primary
Amount: 8311.50
Transaction ID: SE.4296
Date of Disbursement or Obligation: 01/21/2016
Calendar Year-To-Date Per Election for Office Sought: 283097.00

(a) SUBTOTAL of Itemized Independent Expenditures: 16623.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Jennifer May
Date: 04/15/2016







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">18659.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4301</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ <span style="border: 1px solid black; padding: 2px;">37557.00</span>

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 23 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">18659.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4302</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ <span style="border: 1px solid black; padding: 2px;">394216.00</span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">37318.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 27 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">12764.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4309</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">534649.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 27 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">12764.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4310</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 21 / 2016
Purpose of Expenditure Television Advertisement	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">547413.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">25528.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New Leadership for Ohio
FEC IDENTIFICATION NUMBER
C C00586867
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Advertisement
Name of Federal Candidate: P.G. Sittenfeld
Office Sought: Senate, State: OH
Disbursement For: Primary
Amount: 22034.50
Transaction ID: SE.4315
Date of Disbursement: 02/18/2016
Calendar Year-To-Date Per Election for Office Sought: 584110.50

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Advertisement
Name of Federal Candidate: Ted Strickland
Office Sought: Senate, State: OH
Disbursement For: Primary
Amount: 22034.50
Transaction ID: SE.4316
Date of Disbursement: 02/18/2016
Calendar Year-To-Date Per Election for Office Sought: 606145.00

(a) SUBTOTAL of Itemized Independent Expenditures: 44069.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jennifer May
[Electronically Filed]
Date: 04/15/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">18111.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4321</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">624256.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">18111.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4322</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">642367.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">36222.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">21888.50</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4323</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">664255.50</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">21888.50</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4324</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">686144.00</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">43777.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
New Leadership for Ohio
FEC IDENTIFICATION NUMBER
C C00586867
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Advertisement
Name of Federal Candidate: P.G. Sittenfeld
Office Sought: Senate
Amount: 12466.00
Transaction ID: SE.4327
Date of Disbursement or Obligation: 02/19/2016
Calendar Year-To-Date Per Election for Office Sought: 747450.00
Disbursement For: Primary

Full Name of Payee: Old Towne Media
Mailing Address: PO Box 31150
City: Alexandria, State: VA, Zip Code: 22310
Purpose of Expenditure: Advertisement
Name of Federal Candidate: Ted Strickland
Office Sought: Senate
Amount: 12466.00
Transaction ID: SE.4328
Date of Disbursement or Obligation: 02/19/2016
Calendar Year-To-Date Per Election for Office Sought: 759916.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 24932.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jennifer May
[Electronically Filed]
Date: 04/15/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>New Leadership for Ohio</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00586867
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 13 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">14098.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4329</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Ted Strickland <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">774014.00</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Old Towne Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 13 / 2016
Mailing Address PO Box 31150	Amount <span style="border: 1px solid black; padding: 2px;">14098.00</span>
City State Zip Code Alexandria VA 22310	<b>Transaction ID : SE.4330</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 19 / 2016
Purpose of Expenditure Advertisement Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate P.G. Sittenfeld <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">788112.00</span>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">28196.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">788112.00</span>

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*Jennifer May* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

Signature \_\_\_\_\_