

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

ADDRESS (number and street) 518 EAST BROAD STREET

Check if different than previously reported. (ACC) COLUMBUS OH 43215 3976

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00430884

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)            | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |
- Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2007 through 08 31 2007

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 TERRY BOWSHIER

Signature of Treasurer Electronically Filed by TERRY BOWSHIER Date 09 06 2007

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

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-  
ANY

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>12321.44</td></tr></table>	12321.44										
12321.44												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>4432.50</td></tr></table>	4432.50	<table border="1" style="width: 100%;"><tr><td>22918.66</td></tr></table>	22918.66								
4432.50												
22918.66												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>16753.94</td></tr></table>	16753.94	<table border="1" style="width: 100%;"><tr><td>22918.66</td></tr></table>	22918.66								
16753.94												
22918.66												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>6164.72</td></tr></table>	6164.72								
0.00												
6164.72												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>16753.94</td></tr></table>	16753.94	<table border="1" style="width: 100%;"><tr><td>16753.94</td></tr></table>	16753.94								
16753.94												
16753.94												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-  
ANY

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	2422.50	7017.50
(i) Itemized (use Schedule A) .....	2010.00	15825.00
(ii) Unitemized .....	4432.50	22842.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4432.50	22842.50
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	76.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4432.50	22918.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4432.50	22918.66

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	164.72
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	6164.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	6164.72

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	4432.50	22842.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4432.50	22842.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY REIK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 322 TREE HAVEN AVE		<b>Transaction ID: PR10375151268</b>
City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto Occupation AVP-Pers Lines Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 145 N HIGH ST #1101		<b>Transaction ID: PR10375271268</b>
City State Zip Code COLUMBUS OH 43215	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto Occupation VP/Dir-Information Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN BLACKMON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7032 BRENNAN PLACE		<b>Transaction ID: PR10375301268</b>
City State Zip Code COLUMBUS OH 43235	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto Occupation AVP-Comm Lines Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. WAYNE BERNER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7297 CROSSETT COURT		<b>Transaction ID: PR10375311268</b>
City State Zip Code CANAL WINCHESTER OH 43110	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto State Auto	Occupation ASEC/Mgr-Prsnl Insur Act	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JOHN COUGER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7150 WENDY TRAIL LN		<b>Transaction ID: PR10375341268</b>
City State Zip Code DUBLIN OH 43017	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto State Auto	Occupation ASEC/Mgr-Bond Undrwrting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. MARK MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3710 SHALLOW CREEK DR		<b>Transaction ID: PR10375351268</b>
City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto State Auto	Occupation COO-SIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. LARRY WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1045 NORTH 3B'S AND K RD		<b>Transaction ID: PR10375361268</b>
City State Zip Code SUNBURY OH 43074	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation VP/Dir-Mid Mrk Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	

Full Name (Last, First, Middle Initial) <b>B. JOYCE WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5635 WOODWORTH WAY		<b>Transaction ID: PR10375401268</b>
City State Zip Code INDIANAPOLIS IN 46237	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation Regional Claims Mgr-ICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	

Full Name (Last, First, Middle Initial) <b>C. MARGO LYON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3128 RIVER BAY DR NORTH		<b>Transaction ID: PR10375421268</b>
City State Zip Code INDIANAPOLIS IN 46240	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation AVP/Dir-Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. STEVEN ENGLISH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6608 CARINLOUGH DRIVE		<b>Transaction ID: PR10375471268</b>
City State Zip Code DUBLIN OH 43016	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto Occupation VP-Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN DURSO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 969 WOODSEGE LN		<b>Transaction ID: PR10404591268</b>
City State Zip Code WESTERVILLE OH 43081	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto Occupation AVP/Underwriting-SAMMI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. STEPHEN DENINO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5387 MEADOW GROVE DR		<b>Transaction ID: PR10404601268</b>
City State Zip Code GROVE CITY OH 43123	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer State Auto Occupation Mgr-Application Governance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT RESTREPO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10404621268
Mailing Address 57 PRESTON RD		Amount of Each Receipt this Period 300.00
City State Zip Code COLUMBUS OH 43209	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) CHARLES MCSHANE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10420231268
Mailing Address 10 HENDERSON HILL CT		Amount of Each Receipt this Period 37.50
City State Zip Code MONKTON MD 21111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation Zone Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>C.</b> Full Name (Last, First, Middle Initial) KIM BAILEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10546561268
Mailing Address 12436 STONE DRIVE		Amount of Each Receipt this Period 75.00
City State Zip Code INDIANAPOLIS IN 46236	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer State Auto State Auto	Occupation IRD Division Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	412.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. STEVEN HAZELBAKER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1425 EAGLE TRACE CT		<b>Transaction ID: PR10605291268</b>
City State Zip Code GREENWOOD IN 46143	Amount of Each Receipt this Period _____ 90.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer State Auto State Auto	Occupation VP/Dir-Brn/Rgnl Oprations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT BRAUN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3423 WOODLAKE COURT		<b>Transaction ID: PR8236081268</b>
City State Zip Code LOVELAND OH 45140	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer State Auto State Auto	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	

Full Name (Last, First, Middle Initial) <b>C. LESTER BRUE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 220 SOUTH 29TH ST		<b>Transaction ID: PR8236121268</b>
City State Zip Code WEST DES MOINES IA 50265	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer State Auto State Auto	Occupation AVP/Dir-Acquistnl Intgrtn	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. DAVID DALTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3450 HERITAGE OAKS DR		<b>Transaction ID: PR8236351268</b>	
City <b>HILLIARD</b>	State <b>OH</b>	Zip Code <b>43026</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer State Auto	Occupation VP/Dir-Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. KENNETH FIELDS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4088 PATHFIELD DR		<b>Transaction ID: PR8236641268</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43230</b>	Amount of Each Receipt this Period _____ 45.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer State Auto	Occupation AVP/Mgr-Sales Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$15.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. GEORGE FURLONG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 506 BROOK HOLLOW RD		<b>Transaction ID: PR8236681268</b>	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37205</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer State Auto	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. TERRENCE HIGERD</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1027 WALSHINGHAM CT		<b>Transaction ID: PR8236971268</b>
City WESTERVILLE	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation VP/Dir-IT Infrastrc Srvs	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. RICK HOLBEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4 HIGHFIELD CT		<b>Transaction ID: PR8237001268</b>
City GREER	State SC	Zip Code 29650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation Regional Vice President	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. GARY JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8833 OAKSHIRE DRIVE NW		<b>Transaction ID: PR8237171268</b>
City PICKERINGTON	State OH	Zip Code 43147
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation Regional Vice President	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 17
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

**A.** Full Name (Last, First, Middle Initial)  
NOREEN JOHNSON

Mailing Address PO BOX 249

City COMMERCIAL POINT State OH Zip Code 43116

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

Name of Employer State Auto Occupation VP/Dir-Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 /  /

**Transaction ID:** PR8237191268

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KEVIN KELLY

Mailing Address 4258 HONEYSUCKLE LANE

City ZIONSVILLE State IN Zip Code 46077

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

Name of Employer State Auto Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 /  /

**Transaction ID:** PR8237251268

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
GARY KRATZENBERG

Mailing Address 7891 PRIESTLEY DRIVE

City REYNOLDSBURG State OH Zip Code 43068

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

Name of Employer State Auto Occupation AVP/Dir-Claims Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 /  /

**Transaction ID:** PR8237361268

Amount of Each Receipt this Period  
 45.00

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. JOHN MELVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9960 OSPREY CT		<b>Transaction ID: PR8237611268</b>
City THORNVILLE	State OH	Zip Code 43076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation VP/Dir-Claims	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. BOOTH MULLER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1044 S GALENA RD		<b>Transaction ID: PR8237771268</b>
City SUNBURY	State OH	Zip Code 43074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer State Auto	Occupation AVP/Dir-Claims Admnistrtn	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN PETRUCCI</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5961 MORGANWOOD SQUARE		<b>Transaction ID: PR8237881268</b>
City HILLIARD	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation VP/Dir-Agency/Indstry Rela	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 17
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA POWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2204 STRATINGHAM DR		<b>Transaction ID: PR8237901268</b>
City DUBLIN	State OH	Zip Code 43016
Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto	Occupation VP/ChfAcctng Offer/Trsr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MARY REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3037 LEEDS ROAD		<b>Transaction ID: PR8237991268</b>
City COLUMBUS	State OH	Zip Code 43221
Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto	Occupation VP/Dir-Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. GENE ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3636 MANCHESTER DRIVE		<b>Transaction ID: PR8238021268</b>
City POWELL	State OH	Zip Code 43065
Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State Auto	Occupation AVP/Dir-Claims Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	
		P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 17
	(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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

Full Name (Last, First, Middle Initial) <b>A. DAVID RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6351 CHAMPIONS DR		<b>Transaction ID: PR8238081268</b>
City WESTERVILLE	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer State Auto	Occupation AVP/Mgr-Prsnl Insrnce Srv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DONALD SPICKLER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4041 FAIRWAY DR		<b>Transaction ID: PR8238261268</b>
City MEDINA	State OH	Zip Code 44256
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer State Auto	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
		P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	2422.50