



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		20450.71
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	20450.71									
(c) Total Receipts (from Line 19) .....	19591.00	19591.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40041.71	40041.71								
7. Total Disbursements (from Line 31) .....	16630.00	16630.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23411.71	23411.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	8650.00	8650.00
(ii) Unitemized .....	10941.00	10941.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19591.00	19591.00
(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) .....	19591.00	19591.00
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 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)) .....	19591.00	19591.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19591.00	19591.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	10000.00	10000.00
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.....	6630.00	6630.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16630.00	16630.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16630.00	16630.00

**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) .....	19591.00	19591.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19591.00	19591.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Carrino	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 3564 Old Hickory Drive	<b>Transaction ID:</b> SA11AI.8939
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 340.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$ 170 monthly
Name of Employer Westfield Management Company	Occupation Secretary and Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Chapman	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 5609 Champion Creek Blvd	<b>Transaction ID:</b> SA11AI.8941
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Clay	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 6661 Smucker Drive	<b>Transaction ID:</b> SA11AI.8946
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
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) .....	<b>940.00</b>
<b>TOTAL</b> 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 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Alyn Kent Daugherty	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 4120 Fox Meadows Drive	<b>Transaction ID:</b> SA11AI.8951
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$110 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank DePasquale	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 3700 Viona Drive	<b>Transaction ID:</b> SA11AI.8954
	City State Zip Code Akron OH 44319	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Ohio Farmers Insurance Company	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Fisher	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2 Gwynedd Lane	<b>Transaction ID:</b> SA11AI.8962
	City State Zip Code Hockessin DE 19707	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management Company	Occupation Senior Executive	
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) .....	<b>930.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(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

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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

**A.** Full Name (Last, First, Middle Initial)  
Michael Flanigan

Mailing Address 389 Stonybrook Circle

City State Zip Code  
Wadsworth OH 44281

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Westfield Management Senior Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11AI.8963

Amount of Each Receipt this Period 300.00

Payroll Deduction - \$100 monthly

**B.** Full Name (Last, First, Middle Initial)  
John Haney

Mailing Address 14454 Moine Road

City State Zip Code  
Doylestown OH 44230

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Westfield Management Chief Investment Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11AI.8974

Amount of Each Receipt this Period 300.00

Payroll Deduction - \$100 monthly

**C.** Full Name (Last, First, Middle Initial)  
Alan Hlad

Mailing Address 243 Bridgehampton Drive

City State Zip Code  
Medina OH 44256

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Westfield Management Senior Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11AI.8977

Amount of Each Receipt this Period 300.00

Payroll Deduction - \$100 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Joyce	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 6478 Foxglove Drive	<b>Transaction ID:</b> SA11AI.8985
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 480.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$160 monthly
Name of Employer Westfield Management	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Jurek	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 3688 Stratford Place	<b>Transaction ID:</b> SA11AI.8986
	City State Zip Code Carmel IN 46033	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Westfield Group	Occupation Senior Executive-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Kinnaird	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1044 Sturbridge Drive	<b>Transaction ID:</b> SA11AI.8991
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management	Occupation Executive	
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) .....	<b>1080.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Krisowaty		Date of Receipt
	Mailing Address 8655 Virginia Drive		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westfield Center	OH	44251
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8997
Name of Employer Westfield Management		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction - \$100 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward Largent		Date of Receipt
	Mailing Address 14814 Galehouse Road		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Doylestown	OH	44230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9001
Name of Employer Westfield Management		Occupation Senior Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction - \$100 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Lyons		Date of Receipt
	Mailing Address 7271 Kennard Road		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Seville	OH	44273
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9005
Name of Employer Westfield Management		Occupation Senior Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction - \$100 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 / 19
<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

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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Heidi Mack		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 8677 Virginia Drive		<b>Transaction ID:</b> SA11AI.9006
	City State Zip Code Westfield Center OH 44251	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management Company Occupation Senior Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction - \$100 monthly
Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger McManus		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 8801 Virginia Drive		<b>Transaction ID:</b> SA11AI.9013
	City State Zip Code Westfield Center OH 44251	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction - \$10 monthly
Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Niese		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 833 Woodhaven Lane		<b>Transaction ID:</b> SA11AI.9023
	City State Zip Code Medina OH 44256	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management Occupation Senior Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction - \$100 monthly
Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Martha Oakes	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 6672 Smucker Drive	<b>Transaction ID:</b> SA11AI.9026
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
	Name of Employer Occupation Westfield Management Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Orndorff	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 578 Wheatfield Drive	<b>Transaction ID:</b> SA11AI.9027
	City State Zip Code Lititz PA 17543	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
	Name of Employer Occupation Ohio Farmers Insurance Senior Executive Agribus Div	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Prandi	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1146 Dover Dr.	<b>Transaction ID:</b> SA11AI.9036
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction - \$100 monthly
	Name of Employer Occupation Westfield Management Senior Executive	
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) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Schaefer		Date of Receipt
	Mailing Address 653 Red Rock Drive		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wadsworth	OH	44281
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9044
Name of Employer Westfield Management		Occupation Senior Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			Payroll Deduction - \$100 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Schiesswohl		Date of Receipt
	Mailing Address 6626 Smucker Drive		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Westfield Center	OH	44251
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9045
Name of Employer Westfield Management		Occupation Senior Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			Payroll Deduction - \$100 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Lou Solsman		Date of Receipt
	Mailing Address 4246 Landsbury Court		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Akron	OH	44321
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9052
Name of Employer Westfield Management		Occupation Senior Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			Payroll Deduction - \$100 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 / 19
<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

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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Daniel Sondles		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 673 Tamarac Trail		<b>Transaction ID:</b> SA11AI.9054
	City Wadsworth	State OH	Zip Code 44281
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 360.00
Name of Employer Westfield Management		Occupation Senior Executive	Payroll Deduction - \$120 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillip Swettenham		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2475 Fawn Chase		<b>Transaction ID:</b> SA11AI.9063
	City Richfield	State OH	Zip Code 44286
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Westfield Management		Occupation Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Wallet		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 620 Crestwood		<b>Transaction ID:</b> SA11AI.9068
	City Wadsworth	State OH	Zip Code 44281
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Ohio Farmers Insurance Company		Occupation Executive	Payroll Deduction - \$80 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

**A.**

Full Name (Last, First, Middle Initial) George Wiswesser		Date of Receipt	
Mailing Address 1420 Sharbrook Drive		M M / D D / Y Y Y Y 03 / 27 / 2009	
City Wadsworth	State OH	Zip Code 44281	<b>Transaction ID:</b> SA11AI.9078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00	
Name of Employer Westfield Management Company	Occupation Portfolio Manager	Payroll Deduction - \$100 monthly	
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) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8650.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 19

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

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)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<b>A.</b> Full Name (Last, First, Middle Initial) NAMIC PAC Mailing Address 122 C Street, N.W., Suite540 City Washington State DC Zip Code 20001 Purpose of Disbursement Direct Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9088 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC) Mailing Address 2600 South River Road City Des Plaines State IL Zip Code 60018 Purpose of Disbursement Direct Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9085 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00

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

10000.00

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

10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<p><b>A.</b> Full Name (Last, First, Middle Initial) Crites for Ohio Committee</p> <p>Mailing Address 211 S. Fifth St.</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Check never deposited; State Dated</p> <p>Candidate Name Crites for Ohio Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9089</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period -150.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DeLuca for Representative</p> <p>Mailing Address 1438 Homestead Road</p> <p>City Verona State PA Zip Code 15147</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name DeLuca for Representative</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 32</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.8910</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mike Kovack</p> <p>Mailing Address P.O. Box 219</p> <p>City Medina State OH Zip Code 44258</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Friends of Mike Kovack</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.8904</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p>

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

380.00

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

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)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) OCCPAC <hr/> Mailing Address P.O. Box 15159 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Direct Contribution Candidate Name OCCPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8900 Date of Disbursement 01 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Ohio Bank PAC <hr/> Mailing Address 4249 Easton Way Suite 180 <hr/> City Columbus State OH Zip Code 43219 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Ohio Bank PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8901 Date of Disbursement 02 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) Ohio House Republican Organizational Committee <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8908 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

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

2750.00

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

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)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)

OII PAC

Mailing Address 172 E. State Street

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
Direct Contribution

Candidate Name  
OII PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8898

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

PI PAC

Mailing Address 1600 Market Street  
Suite 1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Direct Contribution

Candidate Name  
PI PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8899

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

6630.00