



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

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="2012"/>		54600.08
(b) Cash on Hand at Beginning of Reporting Period.....	23787.08	
(c) Total Receipts (from Line 19) .....	12694.00	90106.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36481.08	144706.08
7. Total Disbursements (from Line 31).....	8000.00	116225.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28481.08	28481.08
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11295.00	60415.00
(ii) Unitemized .....	1399.00	22068.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12694.00	82483.00
(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) .....	12694.00	82483.00
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	7623.00
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))..... ▶	12694.00	90106.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12694.00	90106.00

**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 .....	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.....	2500.00	28650.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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 .....	5500.00	87575.00
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)) ..	8000.00	116225.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	116225.00

**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) .....	12694.00	82483.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12694.00	82483.00
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 OF 49
	<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. Kevin Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Fieldcrest Circle  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westfield Group Occupation Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12688**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction

**B. Steve Aday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Sycamore Street 3R  
 City Cincinnati State OH Zip Code 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12689**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**C. August A Ahlborn Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3914 Boxelder Dr.  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Enterprise Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12690**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 7 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. John Batchelder**  
Full Name (Last, First, Middle Initial)

Mailing Address 513 W. Liberty

City State Zip Code  
Medina OH 44256

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

Name of Employer Occupation  
Ohio Farmers Insurance Company Compliance Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12694**

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**B. Dennis Baus**  
Full Name (Last, First, Middle Initial)

Mailing Address 1689 Arthur Dr.

City State Zip Code  
Wooster OH 44691

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

Name of Employer Occupation  
Ohio Farmers Insurance Fidelity & Surety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1695.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12672**

Amount of Each Receipt this Period  
240.00

Payroll Deduction

**C. Eric Bear**  
Full Name (Last, First, Middle Initial)

Mailing Address 2944 Preakness

City State Zip Code  
Stow OH 44224

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

Name of Employer Occupation  
Ohio Farmers Insurance Small Business Accounts Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12695**

Amount of Each Receipt this Period  
90.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Matt Becker**  
Full Name (Last, First, Middle Initial)

Mailing Address 5235 Rustic Hills Drive

City Medina	State OH	Zip Code 44256
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance Company	Occupation Executive
----------------------------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.12696**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

**B. William Beebe**  
Full Name (Last, First, Middle Initial)

Mailing Address 5163 Wedgwood

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Bond Manager
--------------------------------------------	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.12697**

Amount of Each Receipt this Period  
90.00

Payroll Deduction

**C. Matthew A. Berthold**  
Full Name (Last, First, Middle Initial)

Mailing Address 5215 Hanover Drive

City Medina	State OH	Zip Code 44256
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FEC ID number of contributing federal political committee. **C**

Name of Employer Westfield Bank	Occupation President
------------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.12885**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<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 9 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Cheryl Bittner**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 449

City Westfield Center State OH Zip Code 44251-0449

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

Name of Employer Ohio Farmers Insurance Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.12700**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**B. Terence Bittner**  
Full Name (Last, First, Middle Initial)

Mailing Address 6576 Smucker Drive

City Westfield Cente State OH Zip Code 44251

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.12701**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**C. Brian Bowerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9374 Westwood

City Macedonia State OH Zip Code 44056

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

Name of Employer Westfield Services, Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.12890**

Amount of Each Receipt this Period  
**105.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Robert Bowers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Parkview Drive

City Aurora	State OH	Zip Code 44202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance Company	Occupation Executive
----------------------------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12703**

Amount of Each Receipt this Period  

90.00
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Payroll Deduction

**B. Kimberly Braver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7305 Beach Road

City Wadsworth	State OH	Zip Code 44281
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance Company	Occupation Commercial Lines Underwriter
----------------------------------------------------	--------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12704**

Amount of Each Receipt this Period  

45.00
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Payroll Deduction

**C. Barbara Brizendine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 W. New Castle Street

City Zeuenople	State PA	Zip Code 16063
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance	Occupation Bond Manager
--------------------------------------------	----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12705**

Amount of Each Receipt this Period  

45.00
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Payroll Deduction

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Thomas Burkart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 683 Signar Hill Drive  
City Milford State OH Zip Code 45150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12710**  
Amount of Each Receipt this Period 90.00  
Payroll Deduction

**B. Carrie Busic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Pleasant Valley  
City Medina State OH Zip Code 44256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Occupation Small Business Underwriter  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12711**  
Amount of Each Receipt this Period 45.00  
Payroll Deduction

**C. Timothy Call**  
Full Name (Last, First, Middle Initial)  
Mailing Address 238 Burnfield Road  
City Little Hocking State OH Zip Code 45742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Company Occupation General Adjuster - Property  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12712**  
Amount of Each Receipt this Period 45.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Kevin Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 Woodcrest Drive

City Wadsworth	State OH	Zip Code 44281
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance Company	Occupation Executive
----------------------------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12713**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**B. Frank Carrino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3564 Old Hickory Drive

City Medina	State OH	Zip Code 44256
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FEC ID number of contributing federal political committee. **C**

Name of Employer Westfield Management Company	Occupation Secretary and Corporate Counsel
--------------------------------------------------	-----------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12673**

Amount of Each Receipt this Period  
**425.00**

Payroll Deduction

**C. Deborah Cason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6739 Northampton Lane

City Hamilton	State OH	Zip Code 45011
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Farmers Insurance	Occupation Manager
--------------------------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12715**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>560.00</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 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Mary Christian**  
Full Name (Last, First, Middle Initial)

Mailing Address 2344 Olde Stone Drive

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Exec, Claims Staff Operations
--------------------------------------------	---------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12719**

Amount of Each Receipt this Period  

90.00
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Payroll Deduction

**B. Gary Christy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 Fox Meadow

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Marketing
--------------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12720**

Amount of Each Receipt this Period  

45.00
-------

Payroll Deduction

**C. James Clay**  
Full Name (Last, First, Middle Initial)

Mailing Address 6661 Smucker Drive

City Westfield Center	State OH	Zip Code 44251
--------------------------	-------------	-------------------

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

Name of Employer Westfield Management	Occupation Senior Executive
------------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12674**

Amount of Each Receipt this Period  

500.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>635.00</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 15 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Frank DePasquale**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Viona Drive

City Akron State OH Zip Code 44319

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12729**

Amount of Each Receipt this Period **150.00**

Payroll Deduction

**B. David Digman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Rohrer Road

City Wadsworth State OH Zip Code 44281

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive, PL Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12730**

Amount of Each Receipt this Period **30.00**

Payroll Deduction

**C. Christopher Dye**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 Amesbury Road

City Lancaster State PA Zip Code 17601

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

Name of Employer Ohio Farmers Insurance Company Occupation Regional Underwriting Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12735**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. John Ekdahl</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12738</b>
Mailing Address 2628 Daylily Court		Amount of Each Receipt this Period 300.00
City Westfield      State IN      Zip Code 46074	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 220.00	
Name of Employer Ohio Farmers Insurance Company      Occupation Personal Lines State Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William S. Essman</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12740</b>
Mailing Address 5366 Arrowhead Drive		Amount of Each Receipt this Period 40.00
City Wadsworth      State OH      Zip Code 44281	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 230.00	
Name of Employer Westfield Group      Occupation Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sally A. Estvanic</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12741</b>
Mailing Address 1714 Coyote Run		Amount of Each Receipt this Period 180.00
City Valley City      State OH      Zip Code 44280	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1130.00	
Name of Employer Ohio Farmers Insurance Company      Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 17 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial)  
**A. Mark Farrell**

Mailing Address 20111 Boston Road

City State Zip Code  
Strongsville OH 44149

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

Name of Employer Occupation  
Ohio Farmers Insurance Company Executive, Corp Hospitality Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11Al.12742**

Amount of Each Receipt this Period  
30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Steve Fisher**

Mailing Address 2 Gwynedd Lane

City State Zip Code  
Hockessin DE 19707

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

Name of Employer Occupation  
Westfield Management Company Senior Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11Al.12744**

Amount of Each Receipt this Period  
90.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
1650.00

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11Al.12745**

Amount of Each Receipt this Period  
225.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00

**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 18 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. Nickolas J Flesor</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12746</b>
Mailing Address 432 South Rose Blvd		Amount of Each Receipt this Period 45.00
City Akron    State OH    Zip Code 44320	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer: Westfield Group    Occupation: Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. Connie C Frey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12748</b>
Mailing Address 301 W. Main Street		Amount of Each Receipt this Period 45.00
City Spencer    State OH    Zip Code 44275	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer: Westfield Group    Occupation: Agri Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Rodney E Fuller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12750</b>
Mailing Address 4803 Riverrock Way		Amount of Each Receipt this Period 45.00
City Medina    State OH    Zip Code 44256	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer: Westfield Group    Occupation: Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 19 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Greg Gaughran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3929 Hedgewood Dr.  
 City State Zip Code  
 Medina OH 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Westfield Group Executive-Regional Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12753**  
 Amount of Each Receipt this Period  
 90.00  
 Payroll Deduction

**B. Wayne Gearhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Chowning Plaza  
 City State Zip Code  
 Lancaster PA 17601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Farmers Insurance Company Executive Reg'l Claims Oprn  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12754**  
 Amount of Each Receipt this Period  
 90.00  
 Payroll Deduction

**C. Garrett R. George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7911 Leaview Dr.  
 City State Zip Code  
 Columbus OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Westfield Group Westfield Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12755**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 20 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Gillentine</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>16</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	16	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	16	/	2012								
Mailing Address Concord Drive		<b>Transaction ID : SA11AI.12758</b>										
City Westfield Center	State OH	Zip Code 44256										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00										
Name of Employer Westfield Management Company	Occupation Senior Executive	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00											

Full Name (Last, First, Middle Initial) <b>B. Dennis Glowaski</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>16</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	16	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	16	/	2012								
Mailing Address 2681 Hemlock Drive		<b>Transaction ID : SA11AI.12759</b>										
City Columbia	State PA	Zip Code 17512										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00										
Name of Employer Ohio Farmers Insurance Company	Occupation Regional Underwriting Manager	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00											

Full Name (Last, First, Middle Initial) <b>C. Pamela Hagelin</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>16</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	16	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	16	/	2012								
Mailing Address 344 Elyria Street		<b>Transaction ID : SA11AI.12763</b>										
City Lodi	State OH	Zip Code 44254										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00										
Name of Employer Westfield Group	Occupation Information Technology	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 21 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Kristene Hawk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9261 Deerfield Drive  
City Seville State OH Zip Code 44273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Company Occupation Director Of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11Al.12766**  
Amount of Each Receipt this Period 45.00  
Payroll Deduction

**B. Michael Hickey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5075 Countyline Turnpike Road  
City Southington State OH Zip Code 44470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11Al.12770**  
Amount of Each Receipt this Period 45.00  
Payroll Deduction

**C. Alan Hlad**  
Full Name (Last, First, Middle Initial)  
Mailing Address 243 Bridgehampton Drive  
City Medina State OH Zip Code 44256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westfield Management Occupation Senior Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11Al.12771**  
Amount of Each Receipt this Period 150.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00  
**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 22 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. James Hoendorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 6814 Girard Drive  
P.O. Box 364

City Westfield Center State OH Zip Code 44251

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

Name of Employer Ohio Farmers Insurance Company Occupation Director Claims Vendor Rel & Auto Dam

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12772**

Amount of Each Receipt this Period 45.00

Payroll Deduction

**B. William Hutson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9323 South Leroy Road  
P.O. Box 268

City Westfield Center State OH Zip Code 44251

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12775**

Amount of Each Receipt this Period 150.00

Payroll Deduction

**C. Scott Jurek**  
Full Name (Last, First, Middle Initial)

Mailing Address 3688 Stratford Place

City Carmel State IN Zip Code 46033

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

Name of Employer Westfield Group Occupation Senior Executive-Claims

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12778**

Amount of Each Receipt this Period 150.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00

**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 23 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. Kurt R. Kappa</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12884</b>
Mailing Address 3981 Truxton Place		Amount of Each Receipt this Period 60.00
City Avon      State OH      Zip Code 44011	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Westfield Group      Occupation Commercial Loan Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Kidd</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12781</b>
Mailing Address 380 Ivanhoe Ave.		Amount of Each Receipt this Period 90.00
City Wadsworth      State OH      Zip Code 44281	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Ohio Farmers Insurance      Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. George Kincaid</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12782</b>
Mailing Address P.O. Box 50531		Amount of Each Receipt this Period 45.00
City Bowling Green      State KY      Zip Code 42102	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Ohio Farmers Insurance Company      Occupation Material Damage Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<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 24 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Ruth Knopf**  
Full Name (Last, First, Middle Initial)

Mailing Address 6940 Chippewa Road

City State Zip Code  
Medina OH 44256

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

Name of Employer Occupation  
Ohio Farmers Insurance Company Comp & Legal Risk Analyst

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12783**

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B. Joseph Kohmann**  
Full Name (Last, First, Middle Initial)

Mailing Address Two Park Circle

City State Zip Code  
Westfield Center OH 44251

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

Name of Employer Occupation  
Westfield Bank Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12675**

Amount of Each Receipt this Period  
350.00

Payroll Deduction

**C. David A Kotnik**  
Full Name (Last, First, Middle Initial)

Mailing Address 1254 Bunts Road

City State Zip Code  
Lakewood OH 44107

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

Name of Employer Occupation  
Westfield Group Surety - Bond Claims

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.12784**

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00

**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 25 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Janet Kungl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8601 Congress Road  
City Lodi State OH Zip Code 44254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Company Occupation Project Manager III  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12787**  
Amount of Each Receipt this Period 300.00  
Payroll Deduction

**B. James G Lane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11990 Apollo Drive  
City North Royalton State OH Zip Code 44133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westfield Group Occupation Surety Processing Leader  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12789**  
Amount of Each Receipt this Period 75.00  
Payroll Deduction

**C. Edward Largent**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14814 Galehouse Road  
City Doylestown State OH Zip Code 44230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westfield Management Occupation Senior Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12676**  
Amount of Each Receipt this Period 300.00  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<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: PAGE 26 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Stephen Lehecka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6675 Smucker Drive  
 City Westfield Center State OH Zip Code 44251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westfield Management Occupation Senior Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12677**  
 Amount of Each Receipt this Period 150.00  
 Payroll Deduction

**B. Shawn Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15957 E. Lak Bunting Ave.  
 City Parker State CO Zip Code 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westfield Group Occupation Middle Market  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12791**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**C. Shelia Lilly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 562 Barrenwood  
 City Wadsworth State OH Zip Code 44281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Executive Reg'l Claims Oprn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12794**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 27 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Heidi Mack**  
Full Name (Last, First, Middle Initial)

Mailing Address 8677 Virginia Drive

City Westfield Center State OH Zip Code 44251

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

Name of Employer Westfield Management Company Occupation Senior Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12678**

Amount of Each Receipt this Period  
 300.00

Payroll Deduction

**B. Donald Manley**  
Full Name (Last, First, Middle Initial)

Mailing Address 343 Knightsbridge Way

City Lititz State PA Zip Code 17543

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

Name of Employer Ohio Farmers Insurance Occupation Speciality Lines

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12796**

Amount of Each Receipt this Period  
 60.00

Payroll Deduction

**C. Kirk V. Martell**  
Full Name (Last, First, Middle Initial)

Mailing Address 3173 South Park Lane

City Medina State OH Zip Code 44256

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

Name of Employer Westfield Group Occupation Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12798**

Amount of Each Receipt this Period  
 45.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 405.00

**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 28 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Kimberly Mayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Pin Oak Trail  
 City Seville State OH Zip Code 44273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12799**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**B. Michael Mc Clanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12633 Red Canyon Rd.  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Occupation Bond Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12800**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**C. Terry McClaskey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 Chickadee Circle  
 City Stow State OH Zip Code 44224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Executive, PL Planning & Developing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12801**  
 Amount of Each Receipt this Period 90.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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 29 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Mary Mennell**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 County Road 800

City Polk	State OH	Zip Code 44866
--------------	-------------	-------------------

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

Name of Employer Westfield Management	Occupation Executive
------------------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12806**

Amount of Each Receipt this Period  

90.00
-------

Payroll Deduction

**B. Mark Muckensturm**  
Full Name (Last, First, Middle Initial)

Mailing Address 10200 TR 94

City Findlay	State OH	Zip Code 45840
-----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Claims Manager
--------------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12807**

Amount of Each Receipt this Period  

45.00
-------

Payroll Deduction

**C. Kristine Neate**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Cedarwood

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Commercial Lines Training Manager
--------------------------------------------	-------------------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12810**

Amount of Each Receipt this Period  

60.00
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Payroll Deduction

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Richard Niese**  
Full Name (Last, First, Middle Initial)

Mailing Address 833 Woodhaven Lane

City Medina State OH Zip Code 44256

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

Name of Employer Westfield Management Occupation Senior Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 16 / 2012  
Transaction ID : SA11AI.12811

Amount of Each Receipt this Period 180.00

Payroll Deduction

**B. Corry Novosel**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 Day Star Court

City Cranberry Twp. State PA Zip Code 16066

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

Name of Employer Ohio Farmers Insurance Company Occupation Property Claims Process Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
Transaction ID : SA11AI.12812

Amount of Each Receipt this Period 45.00

Payroll Deduction

**C. Gregory Oakes**  
Full Name (Last, First, Middle Initial)

Mailing Address 6672 Smucker Drive P.O. Box 296

City Westfield Center State OH Zip Code 44251

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 16 / 2012  
Transaction ID : SA11AI.12813

Amount of Each Receipt this Period 120.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 345.00

**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 31 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Martha Oakes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6672 Smucker Drive  
City Westfield Center State OH Zip Code 44251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westfield Management Occupation Senior Exexutive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12679**  
Amount of Each Receipt this Period 255.00  
Payroll Deduction

**B. James Pappas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 189 Valley View Road  
City Doylestown State OH Zip Code 44230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Farmers Insurance Company Occupation Account Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12814**  
Amount of Each Receipt this Period 45.00  
Payroll Deduction

**C. Jon Park**  
Full Name (Last, First, Middle Initial)  
Mailing Address Lake View Drive  
City Medina State OH Zip Code 44256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Westfield Bank, FSB Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1915.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.12888**  
Amount of Each Receipt this Period 300.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 32 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial)  
**A. Christopher Paterakis**

Mailing Address 955 Kingsbridge Court

City Akron State OH Zip Code 44313

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

Name of Employer Westfield Group Occupation Executive Reg'l Claims Oprn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12680**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. David Peterson**

Mailing Address 817 Hawthorne

City Downingtown State PA Zip Code 19335

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

Name of Employer Ohio Farmers Insurance Occupation Regional Commercial Lines Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12681**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Timothy Phillips**

Mailing Address 2334 Rollingwood Drive

City Medina State OH Zip Code 44256

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

Name of Employer Ohio Farmers Insurance Occupation Chief Lending Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12889**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **390.00**

**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 33 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. Nick Piekarski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12817</b>
Mailing Address 1369 Stonepointe Drive		Amount of Each Receipt this Period 45.00
City Wadsworth    State OH    Zip Code 44281	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 330.00	
Name of Employer Ohio Farmers Insurance    Occupation PL Financial Reporting Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anthony Piloseno</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12818</b>
Mailing Address 978 Lakeshore Walk		Amount of Each Receipt this Period 55.00
City Medina    State OH    Zip Code 44256	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 340.00	
Name of Employer Ohio Farmers Insurance Company    Occupation Unit Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Prandi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.12682</b>
Mailing Address 1146 Dover Dr.		Amount of Each Receipt this Period 450.00
City Medina    State OH    Zip Code 44256	Payroll Deduction	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1875.00	
Name of Employer Westfield Management    Occupation Senior Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<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 34 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Scott J Reese**  
Full Name (Last, First, Middle Initial)

Mailing Address 3933 April Drive

City Uniontown State OH Zip Code 44685

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

Name of Employer Westfield Group Occupation Surety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12824**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

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

Mailing Address 6750 Grant Drive  
P.O. Box 904

City Westfield Center State OH Zip Code 44251

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

Name of Employer Ohio Farmers Insurance Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12826**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**C. Stuart Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 6047 Meadow Lake Drive

City Medina State OH Zip Code 44256

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

Name of Employer Ohio Farmers Insurance Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12683**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**

**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 35 OF 49
	<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**

**A. Patricia Schiesswohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6626 Smucker Drive  
 City Westfield Center State OH Zip Code 44251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westfield Management Occupation Senior Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1650.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.12684**  
 Amount of Each Receipt this Period **225.00**  
 Payroll Deduction

**B. Philip Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7733 Templin Rd.  
 City Blanchester State OH Zip Code 45107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Bond Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.12834**  
 Amount of Each Receipt this Period **45.00**  
 Payroll Deduction

**C. Paul Schnebele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12389 Riverview Road  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Farmers Insurance Company Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.12835**  
 Amount of Each Receipt this Period **90.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**  
**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 36 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

Full Name (Last, First, Middle Initial) <b>A. John Schumaker</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12836</b>
Mailing Address 11626 Hoover Avenue		Amount of Each Receipt this Period 30.00
City Uniontown	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Ohio Farmers Insurance Company	Occupation Project Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Pete Schwanke</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12685</b>
Mailing Address P.O. Box 507		Amount of Each Receipt this Period 45.00
City Westfield Center	State OH	Zip Code 44251
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Westfield Insurance	Occupation Corporate Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Michael A. Scibetta</b>		Date of Receipt 11 / 16 / 2012 <b>Transaction ID : SA11AI.12837</b>
Mailing Address 6707 McVay Drive P.O. Box 729		Amount of Each Receipt this Period 35.00
City Westfield Center	State OH	Zip Code 44251
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Westfield Group	Occupation Special Risk Package Underwriter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 37 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Daniel Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Norman Center Drive  
Suite 310

City Bloomington State MN Zip Code 55437

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

Name of Employer Ohio Farmers Insurance Company Occupation Mid Market Field Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12838**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**B. Patrick Sheridan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3906 Woodbarry

City Medina State OH Zip Code 44256

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

Name of Employer Ohio Farmers Insurance Occupation Financial Reporting Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12839**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**C. Daniel Spencer**  
Full Name (Last, First, Middle Initial)

Mailing Address 7023 Westview

City Brecksville State OH Zip Code 44141

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

Name of Employer Ohio Farmers Insurance Occupation Complex Claims Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12845**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**

**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 38 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Ronald A. Spittler**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Pin Oak Train

City Seville State OH Zip Code 44273

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

Name of Employer Ohio Farmers Insurance Occupation CL Field Underwriter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12846**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

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

Mailing Address 2310 Meadowshire Road

City Galeia State OH Zip Code 43021

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

Name of Employer Ohio Farmers Insurance Company Occupation manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12847**

Amount of Each Receipt this Period **30.00**

Payroll Deduction

**C. Ronald Stephonic**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 Virginia Drive

City Westfield Center State OH Zip Code 44251

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

Name of Employer Westfield Management Occupation Senior Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : SA11AI.12848**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**

**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 39 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. William Sterling**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Clearwood Road

City Copley      State OH      Zip Code 44321

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

Name of Employer Ohio Farmers Insurance Company      Occupation Complex Claims Anlyst-Casualty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12849**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**B. Jill Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Weathervane

City Wadsworth      State OH      Zip Code 44281

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

Name of Employer Ohio Farmers Insurance Company      Occupation Premium Accounting Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12850**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

**C. Phillip Swettenham**  
Full Name (Last, First, Middle Initial)

Mailing Address 2475 Fawn Chase

City Richfield      State OH      Zip Code 44286

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

Name of Employer Westfield Management      Occupation Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
11 / 16 / 2012  
**Transaction ID : SA11AI.12853**

Amount of Each Receipt this Period  
**300.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **390.00**

**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 40 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Robert Testa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2483 MacNanshten Road

City North Canton State OH Zip Code 44720

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive, PL Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12857**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**B. Stephen J Tien**  
Full Name (Last, First, Middle Initial)

Mailing Address 1953 Stone Ridge Drive

City Hinckley State OH Zip Code 44233

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

Name of Employer Westfield Group Occupation Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12886**

Amount of Each Receipt this Period  
**180.00**

Payroll Deduction

**C. Tracey L Tier**  
Full Name (Last, First, Middle Initial)

Mailing Address 5230 Linda Drive

City Medina State OH Zip Code 44256

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

Name of Employer Westfield Group Occupation Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12862**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **360.00**

**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 41 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Richard Wallet**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Crestwood

City Wadsworth State OH Zip Code 44281

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12867**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

**B. Diane Weidrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 4615 Larkspur Lane

City Akron State OH Zip Code 44333

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

Name of Employer Ohio Farmers Insurance Company Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12868**

Amount of Each Receipt this Period  
**90.00**

Payroll Deduction

**C. Craig Welsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3656 Kennel Avenue

City Mountville State PA Zip Code 17554

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12869**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</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 42 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Beth Wengerd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 992 Douglas Drive  
 City State Zip Code  
 Wooster OH 44691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Farmers Insurance Company Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12870**  
 Amount of Each Receipt this Period  
 60.00  
 Payroll Education

**B. Kevin Wermer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3168 Central Park Lane  
 City State Zip Code  
 Medina OH 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio Farmers Insurance Company Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12871**  
 Amount of Each Receipt this Period  
 90.00  
 Payroll Deduction

**C. Lee West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 636 Quail Lane  
 City State Zip Code  
 Coppell TX 75019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Westfield Group Surety  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.12873**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**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 43 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. Ronald West**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 W. Hutton Road

City Wooster	State OH	Zip Code 44691
-----------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance Company	Occupation Manager
----------------------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12874**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

**B. Douglas J. Wilhelm**  
Full Name (Last, First, Middle Initial)

Mailing Address 607 U.S. Highway 224

City Sullivan	State OH	Zip Code 44880
------------------	-------------	-------------------

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

Name of Employer Westfield Group	Occupation Director Corporate Tax
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12878**

Amount of Each Receipt this Period  

45.00
-------

Payroll Deduction

**C. Dan Winkler**  
Full Name (Last, First, Middle Initial)

Mailing Address 9786 Apple Creek

City Sterling	State OH	Zip Code 44276
------------------	-------------	-------------------

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

Name of Employer Ohio Farmers Insurance	Occupation Claims Litigation Manager
--------------------------------------------	-----------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.12880**

Amount of Each Receipt this Period  

45.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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 44 OF 49
	<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)  
**Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company**

**A. George Wiswesser**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Sharbrook Drive

City Wadsworth State OH Zip Code 44281

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

Name of Employer Westfield Management Company Occupation Portfolio Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1175.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12687**

Amount of Each Receipt this Period  
**225.00**

Payroll Deduction

**B. Gus Yogmour**  
Full Name (Last, First, Middle Initial)

Mailing Address 2495 Cardigan

City Akron State OH Zip Code 44333

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

Name of Employer Ohio Farmers Insurance Company Occupation Bond Claims Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12881**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction

**C. Ronald Zambetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Kellogg

City Hinckley State OH Zip Code 44233

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

Name of Employer Ohio Farmers Insurance Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.12883**

Amount of Each Receipt this Period  
**45.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>11295.00</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)

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Charlie Wilson**

Mailing Address 252 W. Moon Street  
P.O. Box 61

City St. Clairsville State OH Zip Code 43950

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Friends of Charlie Wilson**

Office Sought:  House  
 Senate  
 President  
State: OH District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2012

**Transaction ID : SB23.12669**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E. Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Tiberi for Congress**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

**Transaction ID : SB23.12670**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00
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2500.00
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**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Campaign Fund of Robert R. Damron**

Mailing Address 231 Fairway West

City State Zip Code  
Nicholasville KY 40356

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Campaign Fund of Robert R. Damron**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB29.12668**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Crimm Campaign**

Mailing Address PO Box 43244

City State Zip Code  
Louisville KY 40253

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Crimm Campaign**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB29.12667**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Faber**

Mailing Address 7706 State Rt 703

City State Zip Code  
Celina OH 45822

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Friends of Faber**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

**Transaction ID : SB29.12671**

Amount of Each Disbursement this Period

1000.00
---------

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

2000.00
---------

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

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**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Peter Beck**

Mailing Address 7234 Abilene Trail

City Mason State OH Zip Code 45040

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Friends of Peter Beck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : SB29.12655**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Keep State Representative Jeff Greer**

Mailing Address P.O. Box 1007

City Brandenburg State KY Zip Code 40108

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Keep State Representative Jeff Greer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB29.12658**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Riggs for Representative**

Mailing Address 4517 Saratoga Hill Road

City Louisville State KY Zip Code 40299

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Riggs for Representative**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : SB29.12664**

Amount of Each Disbursement this Period

500.00
--------

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

1500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Susan Westrom Campaign Fund**

Mailing Address P.O. Box 22778

City Lexington State KY Zip Code 40522

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Susan Westrom Campaign Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : SB29.12665**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Thompson for State Representative**

Mailing Address P.O. Box 458

City Owensboro State KY Zip Code 42302

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Thompson for State Representative**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : SB29.12661**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Tomblin for Governor 2012**

Mailing Address P.O. Box 11530

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Tomblin for Governor 2012**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

**Transaction ID : SB29.12654**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00
---------

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

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# 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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Tom Buford for Senate

Mailing Address 409 W. Maple Street

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement  
Direct Contribution

Candidate Name  
**Tom Buford for Senate**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : SB29.12663

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00
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5500.00
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