

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL 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="2015"/>	<input type="text" value=""/>	<input type="text" value="65635.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76682.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8163.94"/>	<input type="text" value="34111.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="84846.77"/>	<input type="text" value="99746.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6500.00"/>	<input type="text" value="21400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78346.77"/>	<input type="text" value="78346.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL 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).....	3294.98	16235.86
(ii) Unitemized	4868.96	17875.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8163.94	34111.30
(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)	8163.94	34111.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8163.94	34111.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8163.94	34111.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1000.00	3500.00
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	17900.00
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)) ..	6500.00	21400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	21400.00

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)	8163.94	34111.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8163.94	34111.30
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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. TIMOTHY REIK
Full Name (Last, First, Middle Initial)
Mailing Address 322 TREE HAVEN AVE
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP/Dir Spec Admin
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 495.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR103751510270
Amount of Each Receipt this Period 135.00
P/R Deduction (\$45.00 Bi-Weekly)

B. DOUGLAS ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 145 N HIGH ST #1101
City COLUMBUS State OH Zip Code 43215
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP/Dir-Information Tech
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 315.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR321061510270
Amount of Each Receipt this Period 35.00
P/R Deduction (\$35.00 Bi-Weekly)

C. KYLE ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 3166 JERGENS PL
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation AVP/Dir Corp Communicatn
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR321061610270
Amount of Each Receipt this Period 28.00
P/R Deduction (\$28.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 198.00
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. BENJAMIN BLACKMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11518 PEBBLE CREEK DR
 City TIMONIUM State MD Zip Code 21093
 FEC ID number of contributing federal political committee. C
 Name of Employer State Auto Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 360.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR321061710270
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. STEVEN ENGLISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6608 CARINLOUGH PLACE
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. C
 Name of Employer State Auto Occupation SVP/Chief Finan Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 723.84

Date of Receipt 05 / 31 / 2015
Transaction ID : PR321062310270
 Amount of Each Receipt this Period 90.48
 P/R Deduction (\$90.48 Bi-Weekly)

C. JAMES REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 FOUNTAIN BROOKE DR
 City HENDERSONVILLE State TN Zip Code 37075
 FEC ID number of contributing federal political committee. C
 Name of Employer State Auto Occupation RVP-Personal Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 315.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR321062510270
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 165.48
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: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. KATHLEEN DURSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 969 WOODSEdge LN
 City WESTERVILLE State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR321062810270
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. ROBERT RESTREPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 PRESTON RD
 City COLUMBUS State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR321063510270
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. CHARLES MCSHANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1865 LAKE SHORE DR
 City COLUMBUS State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation VP/Dir-Business Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR321063710270
 Amount of Each Receipt this Period 38.50
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 128.50
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: PAGE 9 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. LYNDELL HAIGOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4749 WILLOW BEND
 City State Zip Code
 WICHITA FALLS TX 76310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State Auto RVP-Personal Insurance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR321063910270
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. GERALD LADNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7316 JABORANDI DR
 City State Zip Code
 AUSTIN TX 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State Auto Regional President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR321064010270
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. STEVEN HAZELBAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 EAGLE TRACE CT
 City State Zip Code
 GREENWOOD IN 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State Auto VP/Dir-Enterpr Risk Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR321064610270
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 24
	<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
A. GREGORY ROSE

Mailing Address 3428 GRIMES RANCH RD

City AUSTIN	State TX	Zip Code 78732
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation RVP-Personal Insurance
--------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR321064810270

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEFFREY WILSON

Mailing Address 10164 WATER CREST DR

City FISHERS	State IN	Zip Code 46038
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation AVP/Farm & Ranch Dir
--------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR321066110270

Amount of Each Receipt this Period
28.00

P/R Deduction (\$28.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLYDE FITCH

Mailing Address 697 DENNISON AVE

City COLUMBUS	State OH	Zip Code 43215
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation SVP/Chief Sales Officer
--------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR321066210270

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	148.00
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 11 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. WAYNE BERNER
Full Name (Last, First, Middle Initial)

Mailing Address 7297 CROSSETT COURT

City State Zip Code
CANAL WINCHESTER OH 43110

FEC ID number of contributing federal political committee.

Name of Employer Occupation
State Auto AVP/Bus Ins Prod Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : PR325390310270

Amount of Each Receipt this Period

P/R Deduction (\$30.00 Bi-Weekly)

B. LYLE RHODEBECK
Full Name (Last, First, Middle Initial)

Mailing Address 12710 CENTER VILLAGE RD

City State Zip Code
GALENA OH 43021-8615

FEC ID number of contributing federal political committee.

Name of Employer Occupation
State Auto SVP/Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : PR325391210270

Amount of Each Receipt this Period

P/R Deduction (\$55.00 Bi-Weekly)

C. JAMES RICHARDSON
Full Name (Last, First, Middle Initial)

Mailing Address 8600 NORTH FM 620 #2036

City State Zip Code
AUSTIN TX 78726

FEC ID number of contributing federal political committee.

Name of Employer Occupation
State Auto RVP-Business Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : PR383052410270

Amount of Each Receipt this Period

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. JESSICA BUSS
Full Name (Last, First, Middle Initial)
Mailing Address 7370 WATERSTON
City NEW ALBANY State OH Zip Code 43054
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation SVP/Dir of Spec Lines
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 783.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR674541010270
Amount of Each Receipt this Period 87.00
P/R Deduction (\$87.00 Bi-Weekly)

B. PATRICIA SHEVELAND
Full Name (Last, First, Middle Initial)
Mailing Address 491 THOMAS AVE
City SHAKOPEE State MN Zip Code 55379
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation AVP/Dir-Claims Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 360.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR674541110270
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Bi-Weekly)

C. KEITH KRUEGER
Full Name (Last, First, Middle Initial)
Mailing Address 7901 JOCELYN AVE S
City COTTAGE GROVE State MN Zip Code 55016
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP/WC UW & Ops
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 360.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR679643110270
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 167.00
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 13 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. ELISE SPRIGGS
Full Name (Last, First, Middle Initial)
Mailing Address 330 EAGLE CT
City SPRINGFIELD State OH Zip Code 45505
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP Government Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR68736110270
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Bi-Weekly)

B. JOEL BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 8739 SWEETWATER CT
City POWELL State OH Zip Code 43065
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation SVP/Standard Lines
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 783.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR707737410270
Amount of Each Receipt this Period 87.00
P/R Deduction (\$87.00 Bi-Weekly)

C. LEONARD GENDERS
Full Name (Last, First, Middle Initial)
Mailing Address 2110 TWIN FLOWER CIRCLE
City GROVE CITY State OH Zip Code 43123
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation AVP/Dir-Claims Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR707737510270
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 147.00
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: PAGE 14 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. KIMBERLY JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 WESTRAY DR
 City WESTERVILLE State OH Zip Code 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation AVP/Operations Finan Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR707737910270
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$28.00 Bi-Weekly)

B. JONATHAN KONRAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2140 BROOK POND CT
 City ALPHARETTA State GA Zip Code 30005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation Product Mgmt II Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR713929210270
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$28.00 Bi-Weekly)

C. DAVID DIETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6526 137TH ST W
 City APPLE VALLEY State MN Zip Code 55124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Auto Occupation VP/WC & Absentia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR741337310270
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.00
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: PAGE 15 OF 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
A. MATTHEW POLLAK

Mailing Address 5690 HADDINGTON DR

City DUBLIN State OH Zip Code 43017

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

Name of Employer State Auto Occupation VP/Chief Actg Off & Treas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015

Transaction ID : PR816341610270

Amount of Each Receipt this Period 28.00

P/R Deduction (\$28.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ROBERT BRAUN

Mailing Address 393 OLD WILLOW CT

City SOUTH LEBANON State OH Zip Code 45065

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

Name of Employer State Auto Occupation RVP-Personal Insurance

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
 05 / 31 / 2015

Transaction ID : PR82360810270

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ALITA BURKE

Mailing Address 5772 LAKEVIEW DR

City HILLIARD State OH Zip Code 43026

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

Name of Employer State Auto Occupation AVP/Business Insurance UW

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
 05 / 31 / 2015

Transaction ID : PR82361510270

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.00

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: PAGE 16 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
A. DAVID DALTON

Mailing Address 4516 BENS CT

City State Zip Code
 HILLIARD OH 43026

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

Name of Employer Occupation
 State Auto VP/Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82363510270

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ERIC DEWEESE

Mailing Address 3783 SPUR LANE

City State Zip Code
 COLUMBUS OH 43221

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

Name of Employer Occupation
 SAM AVP/Product Manager II

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
 05 / 31 / 2015
Transaction ID : PR82364610270

Amount of Each Receipt this Period
 60.00

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

Full Name (Last, First, Middle Initial)
C. KENNETH FIELDS

Mailing Address 4088 PATHFIELD DR

City State Zip Code
 COLUMBUS OH 43230

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

Name of Employer Occupation
 State Auto AVP Sales Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82366410270

Amount of Each Receipt this Period
 84.00

P/R Deduction (\$28.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 294.00

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: PAGE 17 OF 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
A. GEORGE FURLONG

Mailing Address 252 HAVERFORD AVE

City NASHVILLE	State TN	Zip Code 37205
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation Regional President
--------------------------------	----------------------------------

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
05	/	31	/	2015

Transaction ID : PR82366810270

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RICK HOLBEIN

Mailing Address 15003 HARBOR POINT DR E

City THORNVILLE	State OH	Zip Code 43076
--------------------	-------------	-------------------

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

Name of Employer State Auto	Occupation VP/Dir-Personal Ins
--------------------------------	-----------------------------------

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
05	/	31	/	2015

Transaction ID : PR82370010270

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 4258 HONEYSUCKLE LANE

City ZIONSVILLE	State IN	Zip Code 46077
--------------------	-------------	-------------------

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

Name of Employer State Auto	Occupation Regional President
--------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : PR82372510270

Amount of Each Receipt this Period
105.00

P/R Deduction (\$35.00 Bi-Weekly)

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 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. DIANE MONNIN
Full Name (Last, First, Middle Initial)
Mailing Address 7671 GLENWOOD AVE
City CANAL WINCHESTER State OH Zip Code 43110
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation AVP/Pers Ins Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 308.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR82377310270
Amount of Each Receipt this Period 84.00
P/R Deduction (\$28.00 Bi-Weekly)

B. MATTHEW MROZEK
Full Name (Last, First, Middle Initial)
Mailing Address 9708 STULTS FARM DR
City OSTRANDER State OH Zip Code 43061
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP/ChiefActuarial Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 440.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR82377610270
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

C. JOHN PETRUCCI
Full Name (Last, First, Middle Initial)
Mailing Address 5961 MORGANWOOD SQUARE
City HILLIARD State OH Zip Code 43026
FEC ID number of contributing federal political committee. C
Name of Employer State Auto Occupation VP/Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 440.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR82378810270
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 324.00
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 19 OF 24
	<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. CYNTHIA POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 2204 STRATINGHAM DR

City DUBLIN State OH Zip Code 43016

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

Name of Employer State Auto Occupation SVP/Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82379010270

Amount of Each Receipt this Period
 135.00

P/R Deduction (\$45.00 Bi-Weekly)

B. MARY REYNOLDS
Full Name (Last, First, Middle Initial)

Mailing Address 3037 LEEDS ROAD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer State Auto Occupation VP/Dir-Planning & Exp Mgt

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
 05 / 31 / 2015
Transaction ID : PR82379910270

Amount of Each Receipt this Period
 120.00

P/R Deduction (\$40.00 Bi-Weekly)

C. DAVID SCHAACK
Full Name (Last, First, Middle Initial)

Mailing Address 226 COUNTRY CLUB LANE

City MILBANK State SD Zip Code 57252

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

Name of Employer State Auto Occupation Business Ins Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82381010270

Amount of Each Receipt this Period
 63.00

P/R Deduction (\$21.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	318.00
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 20 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. DOROTHY SCHRECK
Full Name (Last, First, Middle Initial)

Mailing Address 382 PHEASANT RUN

City WADSWORTH State OH Zip Code 44281

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

Name of Employer State Auto Occupation RVP-Business Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82381410270

Amount of Each Receipt this Period
 120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. AMY SKAGGS
Full Name (Last, First, Middle Initial)

Mailing Address 8693 JOHNSTWN ALEXANDRA RD

City JOHNSTOWN State OH Zip Code 43031

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

Name of Employer State Auto Occupation RVP-Personal Insurance

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
 05 / 31 / 2015
Transaction ID : PR82381910270

Amount of Each Receipt this Period
 120.00

P/R Deduction (\$40.00 Bi-Weekly)

C. MARK SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 295 LONGFELLOW AVENUE

City WORTHINGTON State OH Zip Code 43085

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

Name of Employer State Auto Occupation AVP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR82383310270

Amount of Each Receipt this Period
 84.00

P/R Deduction (\$28.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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: PAGE 21 OF 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
A. KEITH YUN

Mailing Address 6718 BRAESWICK CT

City State Zip Code
CANAL WINCHESTER OH 43110

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

Name of Employer Occupation
State Auto AVP SL Strat Initiatives

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2015
Transaction ID : PR82386410270

Amount of Each Receipt this Period
84.00

P/R Deduction (\$28.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DAVID STONER

Mailing Address 38750 EDWARD WALSH DR

City State Zip Code
WILLOUGHBY OH 44094

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

Name of Employer Occupation
Specialty - VP Healthcare

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
05 / 31 / 2015
Transaction ID : PR836196210270

Amount of Each Receipt this Period
28.00

P/R Deduction (\$28.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	3294.98

**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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)

A. South Dakota Insurance Alliance PAC

Mailing Address 5000 S. Broadband Ln.
Suite 107

City State Zip Code
Sioux Falls SD 57108

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13353288

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. INSURANCE POLITICAL ACTION COMMITTEE

Mailing Address 115 W. Washington Street
SUITE 955 -South Tower

City State Zip Code
INDIANAPOLIS IN 46204

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13353289

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Citizens for Bishoff

Mailing Address 2902 Braden Way

City State Zip Code
Blacklick OH 43004

Purpose of Disbursement
Heather Bishoff, STATE HOUSE 20th OH

Candidate Name
OH Rep. Heather Bishoff

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 13353290

Amount of Each Disbursement this Period

Heather Bishoff, STATE HOUSE 20th OH

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)

A. Mike DeWine for Ohio

Mailing Address 2587 Conley Road

City Cedarville State OH Zip Code 45314

Purpose of Disbursement
Mike DeWine, ATTORNEY GENERAL OH

Candidate Name

Mike DeWine

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 13353291

Amount of Each Disbursement this Period

1000.00

Mike DeWine, ATTORNEY GENERAL OH

Full Name (Last, First, Middle Initial)

B. Committee to Elect Fred Strahorn

Mailing Address 531 Belmont Park North #1001

City Dayton State OH Zip Code 45405

Purpose of Disbursement
Fred Strahorn, STATE HOUSE 39th OH

Candidate Name

OH Rep. Fred Strahorn

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 13353292

Amount of Each Disbursement this Period

250.00

Fred Strahorn, STATE HOUSE 39th OH

Full Name (Last, First, Middle Initial)

C. Mills for Council

Mailing Address 1480 Dublin Road

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Michelle Mills, Columbus City Council OH

Candidate Name

Michelle Mills

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 13353293

Amount of Each Disbursement this Period

1000.00

Michelle Mills, Columbus City Council OH

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

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

2250.00

5500.00