



**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="2013"/>	<input type="text" value="38287.44"/>	<input type="text" value="38287.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58313.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5583.08"/>	<input type="text" value="49889.56"/>
(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="63897.00"/>	<input type="text" value="88177.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="26280.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61897.00"/>	<input type="text" value="61897.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	4933.08	31289.02
(ii) Unitemized .....	650.00	18600.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5583.08	49889.56
(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) .....	5583.08	49889.56
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))..... ▶	5583.08	49889.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5583.08	49889.56

**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.....	0.00	2700.00
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 .....	2000.00	23580.00
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)) ..	2000.00	26280.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	26280.00

**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) .....	5583.08	49889.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5583.08	49889.56
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: PAGE 6 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. CHARLES MURLEY**

Mailing Address 5674 ADVENTURE DRIVE

City State Zip Code  
 DUBLIN OH 43017

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

Name of Employer Occupation  
 State Auto Phy Security & Safety Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR10375117065**

Amount of Each Receipt this Period  
 30.00

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

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY REIK**

Mailing Address 322 TREE HAVEN AVE

City State Zip Code  
 POWELL OH 43065

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

Name of Employer Occupation  
 State Auto VP/Dir Spec Admin

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR10375157065**

Amount of Each Receipt this Period  
 70.00

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

Full Name (Last, First, Middle Initial)  
**C. JOHN HEFFERNAN**

Mailing Address 1927 DREW AVE

City State Zip Code  
 COLUMBUS OH 43235

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

Name of Employer Occupation  
 State Auto AVP/Pers Ins UW Oper

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR10889317065**

Amount of Each Receipt this Period  
 30.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **130.00**

**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 34
	<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. TIMOTHY GOELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 10536 WEST ALEX AVE

City PEORIA State AZ Zip Code 85382

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 ▼ **375.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : PR15598987065**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$25.00 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 ▼ **525.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : PR32106157065**

Amount of Each Receipt this Period  
**70.00**

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 ▼ **375.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : PR32106167065**

Amount of Each Receipt this Period  
**50.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**

**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 34
	<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)  
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
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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 ▼  
525.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106177065

Amount of Each Receipt this Period  
70.00

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

**B. STEVEN ENGLISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6608 CARINLOUGH DRIVE

City DUBLIN	State OH	Zip Code 43016
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation VP/Chief Finan Officer
--------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1218.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106237065

Amount of Each Receipt this Period  
174.00

P/R Deduction (\$87.00 Bi-Weekly)

**C. JOSEPH VALLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4366 DUBLIN RD

City COLUMBUS	State OH	Zip Code 43221
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation Methodologist II
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106247065

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.00
<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 34
<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

**A. 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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : PR32106257065**

Amount of Each Receipt this Period  

70.00
-------

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

**B. KATHLEEN DURSO**  
Full Name (Last, First, Middle Initial)

Mailing Address 969 WOODSEGE LN

City WESTERVILLE	State OH	Zip Code 43081
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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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : PR32106287065**

Amount of Each Receipt this Period  

70.00
-------

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

**C. LISA POLLARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8951 LAKE DRIVE RD

City HEBRON	State OH	Zip Code 43025
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FEC ID number of contributing federal political committee. **C**

Name of Employer State Auto	Occupation Sales Financial Officer
--------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : PR32106327065**

Amount of Each Receipt this Period  

50.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<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. AARON SCHAUB**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 E SOUTH ST

City WORTHINGTON State OH Zip Code 43085

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

Name of Employer State Auto Occupation Ent Info Security Risk Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106347065**

Amount of Each Receipt this Period  
 28.00

P/R Deduction (\$14.00 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106357065**

Amount of Each Receipt this Period  
 100.00

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

**C. RICHARD JENKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 BUTTERCUP CT SW

City PATASKALA State OH Zip Code 43062

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

Name of Employer State Auto Occupation ASEC/Actuar PM Dir PL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106367065**

Amount of Each Receipt this Period  
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.00

**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 34
	<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. 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 ▼ 525.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR32106377065  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

**B. LYNDELL HAIGOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4749 WILLOW BEND  
City WICHITA FALLS State TX Zip Code 76310  
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 ▼ 490.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR32106397065  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

**C. GERALD LADNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7316 JABORANDI DR  
City AUSTIN State TX Zip Code 78739  
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 ▼ 525.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR32106407065  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 210.00  
**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 34
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

**A. STEVEN HAZELBAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 EAGLE TRACE CT  
 City GREENWOOD State IN Zip Code 46143  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation VP/Dir-Enterpr Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106467065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. GREGORY ROSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3428 GRIMES RANCH RD  
 City AUSTIN State TX Zip Code 78732  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Reg Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106487065**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. KENNETH KLINKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15121 COUNT FLEET CT  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Accounting Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106537065**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 13 OF 34
	<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. JOHN HINTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2490 WILLOW LAKES  
EAST BLVD

City GREENWOOD State IN Zip Code 46143

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

Name of Employer State Auto Occupation Associate Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106557065

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. LARRY MCCAULEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 HEADY LANE

City FISHERS State IN Zip Code 46038

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

Name of Employer State Auto Occupation Pers Ins Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106567065

Amount of Each Receipt this Period  
28.00

P/R Deduction (\$14.00 Bi-Weekly)

**C. VINCENT MONARDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 YORK RD APT 5103

City TOWSON State MD Zip Code 21204

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 ▼  
455.00

Date of Receipt  
07 / 31 / 2013  
Transaction ID : PR32106577065

Amount of Each Receipt this Period  
70.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.00

**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 34  
(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. CLYDE FITCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 697 DENNISON AVE  
 City State Zip Code  
 COLUMBUS OH 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Chief Sales Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1155.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32106627065**  
 Amount of Each Receipt this Period  
 154.00  
 P/R Deduction (\$77.00 Bi-Weekly)

**B. DAVID BOLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7492 FOXFIELD COURT  
 City State Zip Code  
 COLUMBUS OH 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Compliance Assurance Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32539027065**  
 Amount of Each Receipt this Period  
 32.00  
 P/R Deduction (\$16.00 Bi-Weekly)

**C. 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. **C**  
 Name of Employer Occupation  
 State Auto AVP/Bus Ins Prod Support  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR32539037065**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.00  
**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 15 OF 34
	<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. ELAINE LOGSDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3838 E GLADE AVE  
 City MESA State AZ Zip Code 85206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation Personal Lines Sales Mgr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2013**  
**Transaction ID : PR32539067065**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. CARL BRINKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4204 BRIAR CLIFF  
 City WICHITA FALLS State TX Zip Code 76309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation Regional Accounting Mgr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2013**  
**Transaction ID : PR32539117065**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. LYLE RHODEBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6185 BANE BERRY DR  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation VP/Director of Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2013**  
**Transaction ID : PR32539127065**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<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. JOYCE DALLESSIO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8723 SHAFFER DR  
City POWELL State OH Zip Code 43065  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation VP/Std Lines Prod Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 525.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR32539137065  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

**B. MICHAEL DOERBECKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5741 SALEM DR  
City WESTERVILLE State OH Zip Code 43082  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation IT Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR32539147065  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**C. LORRAINE SIEGWORTH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2117 WESLEYAN DR  
City COLUMBUS State OH Zip Code 43221  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation VP/Chief Strat & Org Eff  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1211.56

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR38305177065  
Amount of Each Receipt this Period 173.08  
P/R Deduction (\$86.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 271.08  
**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 17 OF 34
	<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. STEVEN PIFER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1937 CREEK LANDING  
City HASLETT State MI Zip Code 48840  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation Claim Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR38305197065  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B. DIANE DIERNA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 454 ROCKBOURNE DR  
City WESTERVILLE State OH Zip Code 43082  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation AVP Total Rewards  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 375.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR38305217065  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C. JAMES RICHARDSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2726 LOVETT LN  
City CEDAR PARK State TX Zip Code 78613  
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 525.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR38305247065  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 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 18 OF 34
	<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. MARK ROSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 562 JACOB CLOSE DR  
 City State Zip Code  
 GAHANNA OH 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto AVP/Business Insurance  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2013**  
**Transaction ID : PR38305317065**  
 Amount of Each Receipt this Period  
**50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. JESSICA BUSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6837 N NATIONAL DR  
 City State Zip Code  
 KANSAS CITY MO 64152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto VP/Director of Spec Lines  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2013**  
**Transaction ID : PR67454107065**  
 Amount of Each Receipt this Period  
**250.00**  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. PATRICIA SHEVELAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4883 MARTINDALE ST NE  
 City State Zip Code  
 PRIOR LAKE MN 55372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Dir-Claims Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2013**  
**Transaction ID : PR67454117065**  
 Amount of Each Receipt this Period  
**50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 19 OF 34
	<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. MARK CHENETSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 5734 ENNISHANNON PL

City DUBLIN State OH Zip Code 43016

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

Name of Employer State Auto Occupation Claim Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR67964307065**

Amount of Each Receipt this Period  
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR67964317065**

Amount of Each Receipt this Period  
 80.00

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

**C. KIMBERLY MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1884 BEDFORD RD

City COLUMBUS State OH Zip Code 43212

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

Name of Employer State Auto Occupation Bus Ins Underwriting Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : PR67964337065**

Amount of Each Receipt this Period  
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.00

**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 34
	<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)  
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 AVP/Governt Relations Dir  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 375.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR68736117065**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 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 VP/Standard Lines  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 870.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR70773747065**  
 Amount of Each Receipt this Period 116.00  
 P/R Deduction (\$58.00 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/IT Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 375.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR70773757065**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.00
<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 34
	<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. CHARLES HUFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 431 E DESHLER AVE

City COLUMBUS State OH Zip Code 43206

FEC ID number of contributing federal political committee. C

Name of Employer State Auto Occupation Claim Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR70773787065

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B. 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 Operations Finan Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR70773797065

Amount of Each Receipt this Period 40.00

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

**C. DIANE TEGA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1322 BRIARSHORE WAY

City LEWIS CENTER State OH Zip Code 43035

FEC ID number of contributing federal political committee. C

Name of Employer State Auto Occupation Claim Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR70773827065

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 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: (check only one)	PAGE 22 OF 34
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

**A. MITZI WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 OAKHALL TRACE  
 City MT JULIET State TN Zip Code 37122  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Reg Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR70773847065**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. A QUENTIN ORZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 OLD FORT RD  
 City BERNARDSVILLE State NJ Zip Code 07924  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Specialty-SVP Prof Liab  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR70773877065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. JEFFREY POLITTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 MALLARD DR  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR71392897065**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.00
<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 23 OF 34
	(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. JAMES RUBLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5587 OUTVILLE RD  
City PATASKALA State OH Zip Code 43062  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation Corp Collections Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR71392907065  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**B. SUSAN CHIOVITTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 WALNUT ST  
City THOMASTON State CT Zip Code 06787  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation Farm & Ranch UW Mgr  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR74133637065  
Amount of Each Receipt this Period 28.00  
P/R Deduction (\$14.00 Bi-Weekly)

**C. JAMES YANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 98 PRESTON RD  
City COLUMBUS State OH Zip Code 43209  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation VP/Secr/GeneralCounsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1275.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR74133707065  
Amount of Each Receipt this Period 170.00  
P/R Deduction (\$85.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 226.00  
**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 24 OF 34
	<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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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. JERRY BRUMFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 NW ASHURST DR  
 City State Zip Code  
 LEES SUMMIT MO 64081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto Spec-ASEC, Assoc Gen Cnsl  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR74133717065**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. GARICK ZILLGITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1248 STRATFORD RD  
 City State Zip Code  
 KANSAS CITY MO 64113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto VP/Specialty-Bus Devl Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR74133727065**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. DAVID DIETZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6526 137TH ST W  
 City State Zip Code  
 APPLE VALLEY MN 55124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State Auto VP/WC & Absentia  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR74133737065**  
 Amount of Each Receipt this Period  
 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 25 OF 34
	<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. ROBERT BRAUN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236087065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. ALITA BURKE**  
 Full Name (Last, First, Middle Initial)  
 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/Dean, State Auto Univ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236157065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. LINDA BURLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6946 CAMDEN DRIVE  
 City NEW ALBANY State OH Zip Code 43054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation Business UW Support Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236167065**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<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 26 OF 34
	<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. DAVID DALTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3450 HERITAGE OAKS DR  
 City HILLIARD State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation VP/Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236357065**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. MARY DARR-MCGINLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 BALLENTRAE DR  
 City HENDERSONVILLE State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAM Occupation RVP-Business Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236377065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. ERIC DEWEESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3783 SPUR LANE  
 City COLUMBUS State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAM Occupation AVP/Product Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236467065**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 27 OF 34
	<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)  
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

**A. KENNETH FIELDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4088 PATHFIELD DR  
 City COLUMBUS State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. C  
 Name of Employer State Auto Occupation Sales Development Directr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 375.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236647065**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. GEORGE FURLONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 252 HAVERFORD AVE  
 City NASHVILLE State TN Zip Code 37205  
 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 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236687065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. KEVIN GAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 CROOKED CREEK LN  
 City HENDERSONVILLE State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SAM Occupation Reg Pers Ins UW Mgr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 210.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8236697065**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.00
<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 28 OF 34
	<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. DON GOODPASTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5820 HONORS CT  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation Architect II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 07 / 31 / 2013  
**Transaction ID : PR8236777065**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. KEVIN HOBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 363 ALLISON COURT  
 City GREENWOOD State IN Zip Code 46142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAM Occupation Data Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 07 / 31 / 2013  
**Transaction ID : PR8236987065**  
 Amount of Each Receipt this Period 28.00  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. RICK HOLBEIN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 525.00

Date of Receipt  
 07 / 31 / 2013  
**Transaction ID : PR8237007065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.00  
**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 34
	<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. KEVIN KELLY**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237257065**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237767065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. PAUL NORDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6719 ELMERS COURT  
 City WORTHINGTON State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State Auto Occupation VP/Reinsurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237827065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 30 OF 34
	<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. 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237887065**

Amount of Each Receipt this Period  
 70.00

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

**B. 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 VP/Chief Risk Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237907065**

Amount of Each Receipt this Period  
 70.00

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

**C. 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : PR8237997065**

Amount of Each Receipt this Period  
 70.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 315.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8238107065**  
 Amount of Each Receipt this Period 42.00  
 P/R Deduction (\$21.00 Bi-Weekly)

**B. 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 ▼ 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8238147065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. AMY SKAGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8693 JOHNSTOWN ALEXANDRIA ROAD  
 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 ▼ 525.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : PR8238197065**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	182.00
<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 32 OF 34
	<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. JUDY SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 565 GLEN HAVEN RD

City UPPER SANDUSKY State OH Zip Code 43351

FEC ID number of contributing federal political committee.

Name of Employer State Auto Occupation Pers Ins Underwriting Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : PR8238237065**

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

**B. 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.

Name of Employer State Auto Occupation Human Resources Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : PR8238337065**

Amount of Each Receipt this Period

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

**C. BRADLEY TIMMERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 13612 W VENTURA ST

City SURPRISE State AZ Zip Code 85379

FEC ID number of contributing federal political committee.

Name of Employer State Auto Occupation Business Ins Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : PR8238387065**

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="106.00"/>
<b>TOTAL</b> 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 33 OF 34  
(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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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. KEITH YUN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6718 BRAESWICK CT  
City CANAL WINCHESTER State OH Zip Code 43110  
FEC ID number of contributing federal political committee. C  
Name of Employer State Auto Occupation SL Strategic Init Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2013  
Transaction ID : PR8238647065  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B.**  
Full Name (Last, First, Middle Initial)  
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  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4933.08

**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. Committee to Elect Chris Widener**

Mailing Address 23 South Center Street

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Christopher Widener, STATE SENATE 10th OH

Candidate Name  
**OH Sen. Christopher Widener**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

**Transaction ID : 11851006**

Amount of Each Disbursement this Period

1000.00
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Christopher Widener, STATE SENATE 10th OH

Full Name (Last, First, Middle Initial)

**B. Citizens for John Cullerton**

Mailing Address 29 S. La Salle Street  
Suite 936

City Chicago State IL Zip Code 60603-1525

Purpose of Disbursement  
John Cullerton, STATE SENATE 6th IL

Candidate Name  
**Senator John Cullerton**

Office Sought:  House  Senate  President  
Disbursement For: 2013  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

**Transaction ID : 11851007**

Amount of Each Disbursement this Period

1000.00
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John Cullerton, STATE SENATE 6th IL

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)..... ▶

2000.00
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2000.00
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