

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ploucha, Erin, C, ,

Mailing Address 6820 Grant Drive
PO Box 96

City
Westfield Center

State
OH

Zip Code
44251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westfield Group

Occupation (for Individual)
HR Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.20118

Amount of Each Receipt this Period

240.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prandi, Michael, , ,

Mailing Address 1146 Dover Dr.

City
Medina

State
OH

Zip Code
44256

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westfield Management

Occupation (for Individual)
Senior Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.20046

Amount of Each Receipt this Period

1200.00

☐ Memo Item
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riveiro, Carlos E, , ,

Mailing Address 20780 BeachCliff Blvd.

City
Rocky River

State
OH

Zip Code
44116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Farmers Insur Corp

Occupation (for Individual)
Small Business Mkt Portfolio UW Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : SA11AI.20049

Amount of Each Receipt this Period

240.00

☐ Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

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

1680.00