

# **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 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Roche, Brian, J., ,**

Mailing Address 278 Kensington Road

City  
Rocky River

State  
OH

Zip Code  
44116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Farmers Insurance Company

Occupation (for Individual)  
Group Procurement Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.20051

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Payroll Deduction

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

**B. Rosenberg, Stuart, , ,**

Mailing Address 6047 Meadow Lake Drive

City  
Medina

State  
OH

Zip Code  
44256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Farmers Insurance Company

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID : SA11AI.20054

Amount of Each Receipt this Period

900.00

☐ Memo Item  
Payroll Deduction

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

**C. Schwanke, Pete, , ,**

Mailing Address P.O. Box 507

City  
Westfield Center

State  
OH

Zip Code  
44251

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Westfield Insurance

Occupation (for Individual)  
Corporate Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.20061

Amount of Each Receipt this Period

240.00

☐ Memo Item  
Payroll Deduction

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

1440.00

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