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2002 NOV 29 A 11:11

Office Use Only

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) **USE FEC MARKING LABEL OR TYPE OR PRINT** Exempt: If typing, type over the lines. **12FE4M5**

**C00376863 090502 N 296**

Michael J. Widick  
Westfield Employee Federal Political  
Action Committee of Ohio Farmers  
Insurance Company  
One Park Circle  
Westfield Center OH 44251

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NEW (N)  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Next-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on: \_\_\_\_\_ In the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on: 11/05/2002 In the State of OH

5. Covering Period: 10/17/2002 through 11/25/2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: **Michael J. Widick**

Signature of Treasurer: *Michael J. Widick* Date: 11/27/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

2002 NOV 29 A 11:11

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Westfield Employee Federal Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From: 10 17 2002 To: 11 25 2002

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

8. (a) Cash on Hand January 1, <u>0</u>		<u>0</u>
(b) Cash on Hand at Beginning of Reporting Period .....	<u>1,359.40</u>	
(c) Total Receipts (from Line 1B) .....	<u>2,224.62</u>	<u>12,084.02</u>
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B) .....	<u>3,584.02</u>	<u>12,084.02</u>
7. Total Disbursements (from Line 3C) .....	<u>2,200.00</u>	<u>10,700.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d)) .....	<u>1,384.02</u>	<u>1,384.02</u>
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	<u>0</u>	
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	<u>0</u>	

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

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Westfield Employee Federal Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From: 10 17 2002 To: 11 25 2002

Table with 3 columns: Description, COLUMN A Total This Period, and COLUMN B Calendar Year-to-Date. Rows include: 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees, (b) Political Party Committees, etc. 12. Transfers From Affiliated/Other Party Committees. 13. All Loans Received. 14. Loan Repayments Received. 15. Offsets To Operating Expenditures. 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. 17. Other Federal Receipts. 18. Transfers from Nonfederal Account for Joint Activity. 19. Total Receipts. 20. Total Federal Receipts.

Vertical text on the left margin: 11-27-02 10:53:23 AM

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,200.00	10,700.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	2,200.00	10,700.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	2,200.00	10,700.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	2,224.62	12,084.02
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2,224.62	12,084.02
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	0

SCHEDULE A (FEC Form 3X),  
ITEMIZED RECEIPTS

Use separate schedules (a) for each category of the Detailed Summary Page		FOR FE NUMBER: PAGE 1 OF 6	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>	15	<input type="checkbox"/>	12
<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

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

A. Full Name (Last, First, Middle Initial)  
Slair, Robert Cary

Mailing Address  
3382 Hardwood Hollow

City State Zip Code  
Medina, OH 44256

FEC ID number of contributing federal political committee  
C

Name of Employer Occupation  
Ohio Farmers Insurance Co. Chairman & CEO

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \$ 385.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
105.00  
\* \$35 Biweekly

B. Full Name (Last, First, Middle Initial)  
Chapman, James R.

Mailing Address  
3609 Champion Creek Blvd.

City State Zip Code  
Medina, OH 44256

FEC ID number of contributing federal political committee  
C

Name of Employer Occupation  
Ohio Farmers Insurance Co. Senior Executive

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \$ 325.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
75.00  
\* \$25 Biweekly

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

Mailing Address  
6551 Snucker Drive

City State Zip Code  
Westfield Center, OH 44251

FEC ID number of contributing federal political committee  
C

Name of Employer Occupation  
Ohio Farmers Insurance Co. Senior Executive

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \$ 390.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
90.00  
\* \$30 Biweekly

SUBTOTAL of Receipts This Page (optional) 270.00

TOTAL This Period (last page this line number only)

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

22037854177

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

Form	IE NUMBER	PAGE 2	OF 6
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Westfield Employee Federal Political Action Committee of Ohio Farmers Insurance Company

Full Name (Last, First, Middle Initial)

A. Daugherty, Alyn Kent

Mailing Address  
4120 Fox Meadow Drive

City State Zip Code  
Medina OH 44256

FEC ID number of contributing federal political committee

C

Name of Employer

Ohio Farmers Insurance Co.

Occupation

Senior Executive

Receipt For:

Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

390.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period

90.00

\*\$30 Biweekly

Full Name (Last, First, Middle Initial)

B. Haney, John M.

Mailing Address  
14254 Maine Road

City State Zip Code  
Dayton OH 45420

FEC ID number of contributing federal political committee

C

Name of Employer

Ohio Farmers Insurance Co.

Occupation

CIO

Receipt For:

Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

455.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period

405.00

\*\$35 Biweekly

Full Name (Last, First, Middle Initial)

C. Joyce, Robert J.

Mailing Address  
6478 Foxglove Drive

City State Zip Code  
Medina OH 44256

FEC ID number of contributing federal political committee

C

Name of Employer

Ohio Farmers Insurance Co.

Occupation

Chief Operating Officer

Receipt For:

Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

600.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period

225.00

\*\$75 Biweekly

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (less page this line number only)

**SCHEDULE A (FEC Form 702)  
ITEMIZED RECEIPTS**

22037854178

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

FULL E NUMBER: PAGE 3 OF 6

(check only one)

11a  11b  11c  12

13  14  15  16  17

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

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

A. Full Name (Last, First, Middle Initial)  
Kinnaird, Richard L., Jr.

Mailing Address  
1044 Sturbridge Drive

City State Zip Code  
Medina OH 44256

FEC ID number of contributing federal political committee

Name of Employer Occupation  
Ohio Farmers Insurance Co. Senior Executive

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
390.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
90.00  
\* \$30 Biweekly

B. Full Name (Last, First, Middle Initial)  
McManus, Roger W.

Mailing Address  
8901 Virginia Drive

City State Zip Code  
Westfield Center OH 44251

FEC ID number of contributing federal political committee

Name of Employer Occupation  
Ohio Farmers Insurance Co. President

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
520.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
120.00  
\* \$40 Biweekly

C. Full Name (Last, First, Middle Initial)  
Miese, Richard K., Jr.

Mailing Address  
833 Woodhaven Lane

City State Zip Code  
Medina OH 44256

FEC ID number of contributing federal political committee

Name of Employer Occupation  
Ohio Farmers Insurance Co. Senior Executive

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date  
390.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
90.00  
\* \$30 Biweekly

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (less page two first number only)

SCHEDULE A (FEC Form 3A)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE 4 OF 6	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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

Full Name (Last, First, Middle Initial)  
A. Ronapaugh, Michael Brooks

Mailing Address  
1120 Winterberry Lane

City Medina State OH Zip Code 44256

FEC ID number of contributing federal political committee: C

Name of Employer: Ohio Farmers Insurance Co. Occupation: Corp. Secretary & Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 520.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
120.00  
\*40 Biweekly

Full Name (Last, First, Middle Initial)  
B. Gardner, Robert D. III

Mailing Address  
673 Tamarac Trail

City Wadsworth State OH Zip Code 44281

FEC ID number of contributing federal political committee: C

Name of Employer: Ohio Farmers Insurance Co. Occupation: Senior Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 390.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
90.00  
\*\$30 Biweekly

Full Name (Last, First, Middle Initial)  
C. Wanfel, John E.

Mailing Address  
23505 Quail Hollow

City Westlake State OH Zip Code 44145

FEC ID number of contributing federal political committee: C

Name of Employer: Westfield Financial Corp Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 330.00

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
90.00  
\*30 Biweekly

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (all page this line number only) 300.00



**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 5 OF 6	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	14b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
					*7

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

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

Full Name (Last, First, Middle Initial) <b>A. Beshire, Bambi A</b>		Date of Receipt *Payroll Deduction	
Mailing Address <b>6775 Ballash Road Medina OH 44256</b>			
City <b>Medina</b>	State <b>OH</b>	Zip Code <b>44256</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>\$60.00</b> <b>*\$20 Biweekly</b>	
Name of Employer <b>Westfield Management</b>	Occupation <b>Controller</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Critchfield, David M.</b>		Date of Receipt *Payroll Deduction	
Mailing Address <b>306 Dohner Drive</b>			
City <b>Wadsworth</b>	State <b>OH</b>	Zip Code <b>44256</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>\$60.00</b> <b>*\$20 Biweekly</b>	
Name of Employer <b>Westfield Management</b>	Occupation <b>Senior Executive</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Flanigan, Michael J.</b>		Date of Receipt *Payroll Deduction	
Mailing Address <b>384 Stonybrook Circle</b>			
City <b>Wadsworth</b>	State <b>OH</b>	Zip Code <b>44281</b>	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>\$60.00</b> <b>*\$20 Biweekly</b>	
Name of Employer <b>Westfield Management</b>	Occupation <b>Senior Executive</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>		

SUBTOTAL of Receipts This Page (optional)	<b>180.00</b>
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 6 OF 6	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Neeson, Charles P.**

Mailing Address  
**8845 N. Leroy Road, Box 13**

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

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

Name of Employer: **Westfield Management** Occupation: **Senior Executive**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **260.00**

Date of Receipt \*Payroll Deduction

Amount of Each Receipt this Period  
**\* \$20 Biweekly**

**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 \*Payroll Deduction

Amount of Each Receipt this Period  
**\* Biweekly**

**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 \*Payroll Deduction

Amount of Each Receipt this Period  
**\* Biweekly**

SUBTOTAL of Receipts This Page (optional) **60.00**

TOTAL This Period (last page this line number only) **1,530.00**

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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

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

**A.**

Full Name (Last, First, Middle Initial): **Ann Womer Benjamin for Congress**

Date of Disbursement: **10/30/2002**

Mailing Address: **362 Eldridge Road**

City: **Aurora** State: **OH** Zip Code: **44202**

Purpose of Disbursement: **Political Contribution** Category/Type: **011**

Candidate Name: **Ann Womer Benjamin**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **OH** District: **75**

Amount of Each Disbursement this Period: **1,000.00**

**B.**

Full Name (Last, First, Middle Initial): **Jesse Guilles for State Senate Committee**

Date of Disbursement: **11/02/2002**

Mailing Address: **117 North Court Street**

City: **Lewisburg, WV 24901** State: **WV** Zip Code: **24901**

Purpose of Disbursement: **Political Contribution** Category/Type: **011**

Candidate Name: **Jesse Guilles**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **WV** District: **10**

Amount of Each Disbursement this Period: **200.00**

**C.**

Full Name (Last, First, Middle Initial): **Committee to Elect Robert S. Kiss**

Date of Disbursement: **11/04/2002**

Mailing Address: **P.O. Box 5518**

City: **Beckley** State: **WV** Zip Code: **25801**

Purpose of Disbursement: **Political Contribution** Category/Type: **011**

Candidate Name: **Robert S. Kiss**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **WV** District: **27**

Amount of Each Disbursement this Period: **500.00**

**SUBTOTAL** of Disbursements This Page (optional) **1,700.00**

**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)								PAGE 2 OF 2	
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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

**A.**

Full Name (Last, First, Middle Initial): **Craig for Senate 2002**

Date of Disbursement: **11 07 2002**

Mailing Address: **209 1st Ave., S**

City: **Nitro** State: **WV** Zip Code: **25143**

Purpose of Disbursement: **Political Contribution** Category/Type: **011**

Candidate Name: **Oshell Craig**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **WV** District: **4th**

Amount of Each Disbursement this Period: **500.00**

**B.**

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Category/Type:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

**C.**

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Category/Type:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (see page 1 for line number only)	2,200.00

2002-11-07 10:00:00 AM

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-29-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JUL</i>	<i>11-29-02</i>
PREPARER	DATE PREPARED