

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

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

FOR LINE NUMBER: PAGE 17 OF 57

(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. Epley, Eric, A., ,

Mailing Address 8659 Bradford Lane

City
Brecksville

State
OH

Zip Code
44141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westfield Group

Occupation (for Individual)
Claims Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : SA11Al.19677

Amount of Each Receipt this Period

120.00

☐ Memo Item
Payroll deduction

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

B. Essman, William, S., ,

Mailing Address 5366 Arrowhead Drive

City
Wadsworth

State
OH

Zip Code
44281

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westfield Group

Occupation (for Individual)
Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : SA11Al.19678

Amount of Each Receipt this Period

180.00

☐ Memo Item
Payroll deduction

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

C. Estvanic, Sally, A., ,

Mailing Address 1714 Coyote Run

City
Valley City

State
OH

Zip Code
44280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Farmers Insurance Company

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : SA11Al.19679

Amount of Each Receipt this Period

180.00

☐ Memo Item
Payroll deduction

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

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

480.00