

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. St. John, Jennifer, , ,

Mailing Address 2310 Meadowshire Road

City
Galeia

State
OH

Zip Code
43021

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 ▼

960.00

Date of Receipt

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

Transaction ID : SA11Al.19791

Amount of Each Receipt this Period

480.00

☐ Memo Item
Payroll deduction

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

B. Stephonic, Ronald, , ,

Mailing Address 8800 Virginia Drive

City

Westfield Center

State
OH

Zip Code
44251

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 ▼

360.00

Date of Receipt

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

Transaction ID : SA11Al.19794

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. Sterling, William, , ,

Mailing Address 909 Clearwood Road

City

Copley

State
OH

Zip Code
44321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Farmers Insurance Company

Occupation (for Individual)
Complex Claims Analyst-Casualty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID : SA11Al.19795

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)..... ►

900.00