

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

ADDRESS (number and street) 518 EAST BROAD STREET Check if different than previously reported. (ACC) COLUMBUS OH 43215-3976

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00430884 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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 (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Pollard, Lisa, , , Type or Print Name of Treasurer

Signature of Treasurer Pollard, Lisa, , , [Electronically Filed] Date 07 / 19 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="73009.48"/>	<input type="text" value="73009.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73598.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4133.08"/>	<input type="text" value="26221.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77731.42"/>	<input type="text" value="99231.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12318.50"/>	<input type="text" value="33818.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65412.92"/>	<input type="text" value="65412.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3251.08	14925.86
(ii) Unitemized	882.00	11296.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4133.08	26221.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4133.08	26221.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4133.08	26221.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4133.08	26221.94

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9568.50	11568.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2750.00	22250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12318.50	33818.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12318.50	33818.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4133.08	26221.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4133.08	26221.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

The PAC is currently over \$2,918.50 to the Stivers Campaign due to an In-Kind overage. The campaign has been notified and a reimbursement will be disclosed on the July Monthly FEC report. This amendment is to correct an amount of a line 29 expense.

Form/Schedule:

Transaction ID:

**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 7 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 committee.

NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Mrozek, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9708 Stults Farm Dr
 City Ostrander State OH Zip Code 43061-8001
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Actuarial Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 05 / 25 / 2018
Transaction ID : ADE40809010F447E2AE6
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Skaggs, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8693 Johnstwn Alexandra Rd
 City Johnstown State OH Zip Code 43031-9154
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Personal Underwriting
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A144F233737A94C268C1
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Meeker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4921 Sparrow Rd
 City Minnetonka State MN Zip Code 55345-3224
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CaRE Counsel Western
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AF295F6FFBE8F424997D
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	250.00
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 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Stachura, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5834 Vandeleur PI
 City Dublin State OH Zip Code 43016-6148
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CaRE Corporate Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 951.94

Date of Receipt 05 / 25 / 2018
 Transaction ID : A2367C5E8C3DB4A24A2E
 Amount of Each Receipt this Period 173.08
 Memo Item
 Payroll Deduction: \$86.54/Bi-Weekly

B. English, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6608 Carinlough Place
 City Dublin State OH Zip Code 43016-6005
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Planning & Expense Management
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1067.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : A246C39AAF83A4F4B896
 Amount of Each Receipt this Period 194.00
 Memo Item
 Payroll Deduction: \$97.00/Bi-Weekly

C. Krueger, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1650 Oak Farm Drive
 City Alpharetta State GA Zip Code 30005-1513
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) WC Underwriting
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 05 / 11 / 2018
 Transaction ID : ACD9B0CF89588429B86E
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	407.08
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 9 OF 23
	<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Schreck, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 382 Pheasant Run
 City Wadsworth State OH Zip Code 44281-2377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Commercial Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A6D6C195B8D18490EB22
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Schloemer, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 E California Ave
 City Columbus State OH Zip Code 43202-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AAC8F184C9AF94BE493E
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Pifer, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1937 Creek Landing
 City Haslett State MI Zip Code 48840-8704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CARE Property CAT/Field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AF578F31BFFA84421BD2
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Pollak, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5690 Haddington Dr

City Dublin	State OH	Zip Code 43017-9452
----------------	-------------	------------------------

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

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Corporate Accounting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 25 / 2018
Transaction ID : AA6195711C9914599B49

Amount of Each Receipt this Period
50.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

B. Ladner, Gerald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7316 Jaborandi Dr

City Austin	State TX	Zip Code 78739-1929
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Inside Sales
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
05 / 25 / 2018
Transaction ID : A48B24737A86741369DC

Amount of Each Receipt this Period
150.00

Memo Item
Payroll Deduction: \$75.00/Bi-Weekly

C. Adeleye, Larry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8267 Rookery Way

City Westerville	State OH	Zip Code 43082-8235
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Treasury & Finance
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 25 / 2018
Transaction ID : A1914ECE0D50348969F1

Amount of Each Receipt this Period
100.00

Memo Item
Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	300.00
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 11 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Konrad, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2140 Brook Pond Ct
 City Alpharetta State GA Zip Code 30005-8309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Personal Property Product Mgmt & Pric
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A428A5D1F5875456C967
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Murley, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5674 Adventure Drive
 City Dublin State OH Zip Code 43017-3048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Facilities and Purchasing Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AA848EB22F58B45A7972
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Garland, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 245Th Place Se
 City Sammamish State WA Zip Code 98074-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Commercial Financial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AF96E73D852574D478CB
 Amount of Each Receipt this Period 194.00
 Memo Item
 Payroll Deduction: \$97.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	344.00
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 12 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Gritton, Rob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8971 Windpointe Pass

City Zionsville	State IN	Zip Code 46077-8163
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Commercial Training & Admin
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A4DBF785D39224FED9EB

Amount of Each Receipt this Period

Memo Item
 Payroll Deduction: \$75.00/Bi-Weekly

B. Gentry, Kelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7149 Snowberry Ln

City Canal Winchester	State OH	Zip Code 43110-9111
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) CaRE Property Central
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A9D4890427AF54F3F825

Amount of Each Receipt this Period

Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

C. Rivera, Errica, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16412 Broadbay Dr

City Austin	State TX	Zip Code 78717-4004
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FEC ID number of contributing federal political committee.

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Government Relations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A2CB88E49AE8C47DFBD8

Amount of Each Receipt this Period

Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="260.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Petrucci, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5961 Morganwood Square
 City Hilliard State OH Zip Code 43026-7176
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1100.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : AD6EC7058CAED48129C3
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: \$100.00/Bi-Weekly

B. Yun, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6718 Braeswick Ct
 City Canal Winchester State OH Zip Code 43110-8770
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Platform Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 330.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : A57F274AA941D45BE994
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

C. Holbein, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15003 Harbor Point Dr E
 City Thornville State OH Zip Code 43076-8040
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Auto And Home Leaders
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 550.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : AA436FAA2AB0540AB8E3
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	360.00
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 14 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Reik, Tim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6818 Vineyard Haven Loop

City Dublin	State OH	Zip Code 43016-7370
----------------	-------------	------------------------

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

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Planning & Expense Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
572.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : A8A0240D1A3614D568BF

Amount of Each Receipt this Period
104.00

Memo Item
Payroll Deduction: \$52.00/Bi-Weekly

B. Centers, Melissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 196 S Grant Ave Unit #704
Unit #704

City Columbus	State OH	Zip Code 43215-8366
------------------	-------------	------------------------

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

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Corporate Legal
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : AEA3CEC24A3844EFCB1A

Amount of Each Receipt this Period
60.00

Memo Item
Payroll Deduction: \$30.00/Bi-Weekly

C. Spriggs, Elise, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 Eagle Ct

City Springfield	State OH	Zip Code 45505-1756
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Government Relations
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : AC5DA7420DE8A4707B43

Amount of Each Receipt this Period
160.00

Memo Item
Payroll Deduction: \$80.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	324.00
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 15 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Anderson, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5867 Dunheath Loop
 City Dublin State OH Zip Code 43016-7198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A50D86767B2A5480C928
 Amount of Each Receipt this Period 56.00
 Memo Item
 Payroll Deduction: \$28.00/Bi-Weekly

B. Jones, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 Westray Dr
 City Westerville State OH Zip Code 43081-3754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) IT Finance Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A65320248C3A34820965
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Hobbs, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 Allison Court
 City Greenwood State IN Zip Code 46142-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Commercial Regulatory Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : ACC9AF22DC08E436EB49
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	206.00
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 16 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Drake, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 New Street
 City Mt Sterling State OH Zip Code 43143-1027
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A143A07EF8B7741779F0
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Fields, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4088 Pathfield Dr
 City Columbus State OH Zip Code 43230-6342
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A115438F07C654F7D920
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

C. Nardella, Barnaby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 544 S 6Th St
 City Columbus State OH Zip Code 43206-1271
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Small Comm Product Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AA13408CF8D5B4DB5BAE
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	200.00
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 17 OF 23
	<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Carleton, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 Powell Ave
 City Bexley State OH Zip Code 43209-1848
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CaRE Commercial Lines Casualty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : A7A083A2C71FA476CBAC
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

B. Rose, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3428 Grimes Ranch Rd
 City Austin State TX Zip Code 78732-2139
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Small Comm Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : A99EA872877374E0685E
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Chenetski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5708 Eden Bridge Dr
 City Dublin State OH Zip Code 43016-2530
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CaRE Commercial Lines
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
 Transaction ID : ABFCAF78F5BE54BACBE9
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	170.00
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 18 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Berner, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7297 Crossett Court
 City Canal Winchester State OH Zip Code 43110-9078
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Commercial Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AF999C43206A44AE0B61
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Ellinger, Eve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4384 Cordova Dr
 City New Albany State OH Zip Code 43054-9049
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : AFABBAF37A5BA48D6A1C
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Singh, Amrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9238 Mead Ct
 City Powell State OH Zip Code 43065-7590
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Customer Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : ABAE0766017844EE0A02
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	120.00
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 19 OF 23
<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Tega, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1322 Briarshore Way
 City Lewis Center State OH Zip Code 43035-6082
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) CaRE Specialty SA/RED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A0874C5C604D147DA9C7
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Burke, Alita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5772 Lakeview Dr
 City Hilliard State OH Zip Code 43026-1370
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Inside Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A7AF2893F6C7A4AEF9C2
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Brumfield, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Nw Ashurst Dr
 City Lees Summit State MO Zip Code 64081-2029
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SAM State Automobile Mutual Insurance Occupation (for Individual) Corporate Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2018
Transaction ID : A5EA0EF0097F84E74B79
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	120.00
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: PAGE 20 OF 23
(check only one)

<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)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deweese, Eric, , ,

Mailing Address 3783 Spur Lane

City Columbus	State OH	Zip Code 43221-5927
------------------	-------------	------------------------

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

Name of Employer (for Individual) SAM State Automobile Mutual Insurance	Occupation (for Individual) Small Comm Product Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2018

Transaction ID : A48FAA6F639804BA5A24

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	3251.08

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)

A. PCI PAC

Mailing Address 444 NORTH CAPITAL STREET NW
SUITE 801

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2018

FEC Identification Number

C
Transaction ID : BEDFB85354
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution to Committee

Candidate Name

MAJORITY COMMITTEE PAC--MC PAC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2018

FEC Identification Number

C C00428052
Transaction ID : BC8DF33589
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steven's Catering

Mailing Address 1221 Chesapeake Ave

City Columbus State OH Zip Code 43212-2287

Purpose of Disbursement
Catering for Dinner Supporting Steve Stivers

Candidate Name

Stivers, Steve, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Other

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2018

FEC Identification Number

C H8OH15076
Transaction ID : B2999DC3D8
Amount of Each Disbursement this Period
3568.50

Memo Item

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

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

9568.50
9568.50

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Friends of David Leland

Full Name (Last, First, Middle Initial)

Mailing Address 367 East Broad Street
Suite 1002

City Columbus State OH Zip Code 43215

Purpose of Disbursement David Leland, (D-Columbus)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 21 / 2018

FEC Identification Number: C

Transaction ID : B4DC628EF8

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Citizens for Obhof

Full Name (Last, First, Middle Initial)

Mailing Address 5206 Crown Point Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement Larry Obhof (R-Medina)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 21 / 2018

FEC Identification Number: C

Transaction ID : B731F1E90F8

Amount of Each Disbursement this Period: 1250.00

Memo Item

C. Friends of Scott Lipps

Full Name (Last, First, Middle Initial)

Mailing Address 418 Park Avenue

City Franklin State OH Zip Code 45005

Purpose of Disbursement Scott Lipps, (R-Franklin)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 21 / 2018

FEC Identification Number: C

Transaction ID : BCBF14DB6

Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

2750.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

A. Friends of Napoleon Harris

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 429

City Flossmoor State IL Zip Code 60422

Purpose of Disbursement
VOID - Napoleon Harris, STATE SENATE 15th IL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number: C

Transaction ID : BDAA05FA02
Amount of Each Disbursement this Period: - 500.00

Memo Item

B. Harris for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address Harris for Ohio, c/o Bruce Burkhol
2 Miranova Place #700

City Columbus State OH Zip Code 43215-5098

Purpose of Disbursement
Harris for Ohio (R-Dublin)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 22 / 2018

FEC Identification Number: C

Transaction ID : BFAD3B0D15
Amount of Each Disbursement this Period: 500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2750.00