

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

ADDRESS (number and street) One Park Circle P.O. Box 5001 Westfield Center OH 44251 5001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00376863 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15 (X), October 15, January 31, July 31 Mid-Year Report, Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12G), Runoff (12R) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 04 01 2008 through 06 30 2008

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 Sally A. Estvanic

Signature of Treasurer Electronically Filed by Sally A. Estvanic Date 10 08 2008

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 (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		20493.25
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	21187.25									
(c) Total Receipts (from Line 19)	23126.92	43070.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44314.17	63564.17								
7. Total Disbursements (from Line 31)	29865.31	49115.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14448.86	14448.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12684.00	20844.00
(i) Itemized (use Schedule A)	10442.92	22226.92
(ii) Unitemized	23126.92	43070.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23126.92	43070.92
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 Transfer (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))	23126.92	43070.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23126.92	43070.92

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	215.31	215.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	215.31	215.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6150.00	7900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	23500.00	41000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	29865.31	49115.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29865.31	49115.31

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)	23126.92	43070.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23126.92	43070.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	215.31	215.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	215.31	215.31

**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 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Eric Bear		Date of Receipt
	Mailing Address 2944 Preakness		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Stow	OH	44224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7935
Name of Employer Ohio Farmers Insurance		Occupation Small Business Accounts Executive	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll Deduction - \$60 monthly

B.	Full Name (Last, First, Middle Initial) Matt Becker		Date of Receipt
	Mailing Address 5235 Rustic Hills Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Medina	OH	44256
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7936
Name of Employer Ohio Farmers Insurance Company		Occupation Executive	Amount of Each Receipt this Period 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll Deduction - \$60 monthly

C.	Full Name (Last, First, Middle Initial) Bambi Beshire		Date of Receipt
	Mailing Address 6775 Ballash Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Medina	OH	44256
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7896
Name of Employer Westfield Management		Occupation Controller	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	Payroll Deduction - \$50 monthly

SUBTOTAL of Receipts This Page (optional)	510.00
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 7 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Terence Bittner		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6576 Smucker Drive		Transaction ID: SA11AI.7941
	City Westfield Cente	State OH	Zip Code 44251
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Ohio Farmers Insurance Company	Occupation Executive	Payroll Deduction - \$60 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Kevin Campbell		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 710 Woodcrest Drive		Transaction ID: SA11AI.7955
	City Wadsworth	State OH	Zip Code 44281
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Ohio Farmers Insurance Company	Occupation Executive	Payroll Deduction - \$60 montly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) James Chapman		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5609 Champion Creek Blvd		Transaction ID: SA11AI.7897
	City Medina	State OH	Zip Code 44256
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management	Occupation Senior Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	660.00
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 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial)
David Christensen

Mailing Address P.O. Box 188

City State Zip Code
Westfield Center OH 44251

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

Name of Employer Occupation
Ohio Farmers Insurance Executive - Surety Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.7898

Amount of Each Receipt this Period
150.00

Payroll Deduction - \$50 monthly

B. Full Name (Last, First, Middle Initial)
Gary Clark

Mailing Address 8 Ceremonial Close

City State Zip Code
Wooster OH 44691

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

Name of Employer Occupation
Ohio Farmers Insurance Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8088

Amount of Each Receipt this Period
150.00

Payroll Deduction - \$50 monthly

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

Mailing Address 6661 Smucker Drive

City State Zip Code
Westfield Center OH 44251

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

Name of Employer Occupation
Westfield Management Senior Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.7899

Amount of Each Receipt this Period
300.00

Payroll Deduction - \$100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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 9 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Steve Copley	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6666 Greenwich Road	Transaction ID: SA11AI.7963
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$20 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Frank DePasquale	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3700 Viona Drive	Transaction ID: SA11AI.7902
	City State Zip Code Akron OH 44319	Amount of Each Receipt this Period 204.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction-\$4 April &\$100 monthly
Name of Employer Ohio Farmers Insurance Company	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

C.	Full Name (Last, First, Middle Initial) Steve Fisher	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2 Gwynedd Lane	Transaction ID: SA11AI.7903
	City State Zip Code Hockessin DE 19707	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management Company	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	564.00
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 10 / 44
(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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)
Michael Flanigan

Mailing Address 389 Stonybrook Circle

City State Zip Code
Wadsworth OH 44281

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 ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7904
Amount of Each Receipt this Period: 300.00
Payroll Deduction - \$100 monthly

B.

Full Name (Last, First, Middle Initial)
Greg Gaughran

Mailing Address 3929 Hedgewood Dr.

City State Zip Code
Medina OH 44256

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

Name of Employer Westfield Group Occupation Executive-Regional Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7981
Amount of Each Receipt this Period: 120.00
Payroll Deduction - \$40 monthly

C.

Full Name (Last, First, Middle Initial)
Wayne Gearhart

Mailing Address 401 Chowning Plaza

City State Zip Code
Lancaster PA 17601

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

Name of Employer Ohio Farmers Insurance Company Occupation Executive Reg'l Claims Oprn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7983
Amount of Each Receipt this Period: 180.00
Payroll Deduction - \$60 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 44
<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 Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Jeffrey Gillentine		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address Concord Drive		Transaction ID: SA11AI.7984
	City Westfield Center	State OH	Zip Code 44256
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Westfield Management Company		Occupation Senior Executive	Payroll Deduction - \$40 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) John Haney		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 14454 Moine Road		Transaction ID: SA11AI.7905
	City Doylestown	State OH	Zip Code 44230
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Westfield Management		Occupation Chief Investment Officer	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Alan Hlad		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 243 Bridgehampton Drive		Transaction ID: SA11AI.7906
	City Medina	State OH	Zip Code 44256
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Westfield Management		Occupation Senior Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	720.00
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 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) William Hutson		Date of Receipt
	Mailing Address 9323 South Leroy Road P.O. Box 268		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City Westfield Center	State OH	Zip Code 44251
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8008
	Amount of Each Receipt this Period 180.00		Payroll Deduction - \$60 monthly
Name of Employer Ohio Farmers Insurance Company		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Robert Joyce		Date of Receipt
	Mailing Address 6478 Foxglove Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City Medina	State OH	Zip Code 44256
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7907
	Amount of Each Receipt this Period 480.00		Payroll Deduction - \$160 monthly
Name of Employer Westfield Management		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	

C.	Full Name (Last, First, Middle Initial) Scott Jurek		Date of Receipt
	Mailing Address 3688 Stratford Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City Carmel	State IN	Zip Code 46033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7908
	Amount of Each Receipt this Period 300.00		Payroll Deduction - \$100 monthly
Name of Employer Westfield Group		Occupation Senior Executive-Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	960.00
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 13 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Mark Kidd		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 380 Ivanhoe Ave.		Transaction ID: SA11AI.8015
	City Wadsworth	State OH	Zip Code 44281
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Ohio Farmers Insurance	Occupation Manager	Payroll Deduction - \$60 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Richard Kinnaird		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1044 Sturbridge Drive		Transaction ID: SA11AI.7909
	City Medina	State OH	Zip Code 44256
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management	Occupation Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Joseph Kohmann		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address Two Park Circle		Transaction ID: SA11AI.8090
	City Westfield Center	State OH	Zip Code 44251
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Westfield Bank	Occupation Chief Financial Officer	Payroll Deduction - \$60 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	660.00
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 14 / 44
(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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

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

Mailing Address 8655 Virginia Drive

City State Zip Code
Westfield Center OH 44251

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

Name of Employer Occupation
Westfield Management Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7910
Amount of Each Receipt this Period: 300.00
Payroll Deduction - \$100 monthly

B. Full Name (Last, First, Middle Initial)
Edward Largent

Mailing Address 14814 Galehouse Road

City State Zip Code
Doylestown OH 44230

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

Name of Employer Occupation
Westfield Management Senior Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7911
Amount of Each Receipt this Period: 300.00
Payroll Deduction - \$100.00

C. Full Name (Last, First, Middle Initial)
Stephen Lehecka

Mailing Address 6675 Smucker Drive

City State Zip Code
Westfield Center OH 44251

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

Name of Employer Occupation
Westfield Management Senior Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.7912
Amount of Each Receipt this Period: 120.00
Payroll Deduction - \$40 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 720.00

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 / 44
<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 Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Debra Lyons		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7271 Kennard Road		Transaction ID: SA11AI.7913
	City State Zip Code Seville OH 44273	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management	Occupation Senior Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Heidi Mack		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8677 Virginia Drive		Transaction ID: SA11AI.7914
	City State Zip Code Westfield Center OH 44251	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management Company	Occupation Senior Executive	Payroll Deduction - \$100 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) William Maney		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4301 Regal Brook Drive		Transaction ID: SA11AI.8096
	City State Zip Code Medina OH 44256	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00
	Name of Employer Ohio Farmers Insurance Company	Occupation Director Westfield Financial Opers	Payroll Deduction - \$40 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	720.00
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 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Roger McManus		Date of Receipt
	Mailing Address 8801 Virginia Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westfield Center	OH	44251
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7915
Name of Employer Westfield Management		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	Payroll Deduction - \$100 monthly

B.	Full Name (Last, First, Middle Initial) Mary Mennell		Date of Receipt
	Mailing Address 190 County Road 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Polk	OH	44866
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8037
Name of Employer Westfield Management		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 180.00
		<input type="text"/> 360.00	Payroll Deduction - \$60 monthly

C.	Full Name (Last, First, Middle Initial) James Nance		Date of Receipt
	Mailing Address 7626 Kennard Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Seville	OH	44273
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8039
Name of Employer Ohio Farmers Insurance		Occupation Compliance and Quality Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	Payroll Deduction - \$100 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 780.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Charles Neeson	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 8845 North Leroy Road	Transaction ID: SA11AI.7916
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$60 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Richard Niese	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 833 Woodhaven Lane	Transaction ID: SA11AI.7917
	City State Zip Code Medina OH 44256	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$100 monthly
Name of Employer Westfield Management	Occupation Senior Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Gregory Oakes	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6672 Smucker Drive P.O. Box 296	Transaction ID: SA11AI.8092
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$60 monthly
Name of Employer Ohio Farmers Insurance Company	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	660.00
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 18 / 44
(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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)
Martha Oakes

Mailing Address 6672 Smucker Drive

City State Zip Code
Westfield Center OH 44251

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

Name of Employer Occupation
Westfield Management Senior Exexutive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.7918

Amount of Each Receipt this Period
300.00

Payroll Deduction - \$100 monthly

B.

Full Name (Last, First, Middle Initial)
Scott Orndorff

Mailing Address 578 Wheatfield Drive

City State Zip Code
Lititz PA 17543

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

Name of Employer Occupation
Ohio Farmers Insurance Senior Executive Agribus Div

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.7919

Amount of Each Receipt this Period
300.00

Payroll Deduction - \$100 monthly

C.

Full Name (Last, First, Middle Initial)
Jon Park

Mailing Address Lake View Drive

City State Zip Code
Medina OH 44256

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

Name of Employer Occupation
Westfield Bank, FSB President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.8094

Amount of Each Receipt this Period
180.00

Payroll Deduction - \$60 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **780.00**

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 19 / 44

(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)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)

David Peterson

Mailing Address 817 Hawthorne

City State Zip Code
Downingtown PA 19335

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

Name of Employer Occupation
Ohio Farmers Insurance Regional Commercial Lines Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.7920

Amount of Each Receipt this Period

180.00

Payroll Deduction - \$60
monthly

B.

Full Name (Last, First, Middle Initial)

Timothy Phillips

Mailing Address 2334 Rollingwood Drive

City State Zip Code
Medina OH 44256

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

Name of Employer Occupation
Ohio Farmers Insurance Chief Lending Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8095

Amount of Each Receipt this Period

180.00

Payroll Deduction - \$60
monthly

C.

Full Name (Last, First, Middle Initial)

Michael Prandi

Mailing Address 1146 Dover Dr.

City State Zip Code
Medina OH 44256

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

Name of Employer Occupation
Westfield Management Senior Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.7921

Amount of Each Receipt this Period

300.00

Payroll Deduction - \$100
Monthly

SUBTOTAL of Receipts This Page (optional) ▶

660.00

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 20 / 44
	<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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Bart Rahe	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 744 Lynneis Cove	Transaction ID: SA11AI.8047
	City State Zip Code Wadsworth OH 44281	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$60 monthly
	Name of Employer Occupation Ohio Farmers Insurance Co- Executive mpany Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Edward Schaefer	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 653 Red Rock Drive	Transaction ID: SA11AI.7922
	City State Zip Code Wadsworth OH 44281	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$100
	Name of Employer Occupation Westfield Management Senior Executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Patricia Schiesswohl	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6626 Smucker Drive	Transaction ID: SA11AI.7923
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction - \$100 monthly
	Name of Employer Occupation Westfield Management Senior Executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	780.00
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 21 / 44
<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 Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Paul Schnebele		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 12389 Riverview Road		Transaction ID: SA11AI.8058
	City State Zip Code Eden Prairie MN 55347	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00
	Name of Employer Ohio Farmers Insurance Company Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction - \$60 monthly

B.	Full Name (Last, First, Middle Initial) Mary Lou Solsman		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4246 Landsbury Court		Transaction ID: SA11AI.7924
	City State Zip Code Akron OH 44321	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Westfield Management Occupation Senior Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction - \$100 monthly

C.	Full Name (Last, First, Middle Initial) Daniel Spencer		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7023 Westview		Transaction ID: SA11AI.8062
	City State Zip Code Brecksville OH 44141	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00
	Name of Employer Ohio Farmers Insurance Occupation Complex Claims Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	Payroll Deduction - \$60 monthly

SUBTOTAL of Receipts This Page (optional)	660.00
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 22 / 44
(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

A. Full Name (Last, First, Middle Initial)
Phillip Swettenham

Mailing Address 2475 Fawn Chase

City State Zip Code
Richfield OH 44286

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

Name of Employer Westfield Management Occupation Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.7926

Amount of Each Receipt this Period
300.00

Payroll Deduction - \$100 monthly

B. Full Name (Last, First, Middle Initial)
Robert Testa

Mailing Address 2483 MacNanshten Road

City State Zip Code
North Canton OH 44720

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

Name of Employer Ohio Farmers Insurance Co-pany Occupation Executive, PL Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.8070

Amount of Each Receipt this Period
120.00

Payroll Deduction - \$40 monthly

C. Full Name (Last, First, Middle Initial)
Richard Wallet

Mailing Address 620 Crestwood

City State Zip Code
Wadsworth OH 44281

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

Name of Employer Ohio Farmers Insurance Co-pany Occupation Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.8074

Amount of Each Receipt this Period
240.00

Payroll Deduction - \$80

SUBTOTAL of Receipts This Page (optional) ► **660.00**

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 23 / 44
(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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)
John Warfel

Mailing Address 23505 Quail Hollow

City State Zip Code
Westlake OH 44145

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

Name of Employer
Westfield Management Company

Occupation
President Westfield Financial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.7927

Amount of Each Receipt this Period
210.00

Payroll Deduction - \$70 monthly

B.

Full Name (Last, First, Middle Initial)
Beth Wengerd

Mailing Address 992 Douglas Drive

City State Zip Code
Wooster OH 44691

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

Name of Employer
Ohio Farmers Insurance Company

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.8078

Amount of Each Receipt this Period
120.00

Payroll Deduction - \$40 monthly

C.

Full Name (Last, First, Middle Initial)
Kevin Wermer

Mailing Address 3168 Central Park Lane

City State Zip Code
Medina OH 44256

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

Name of Employer
Ohio Farmers Insurance Company

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.8079

Amount of Each Receipt this Period
180.00

Payroll Deduction - \$60 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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 24 / 44
	(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)
Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Mark Whitmore		Date of Receipt
	Mailing Address 935 Countryside Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Medina	OH	44256
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ohio Farmers Insurance		Occupation Manager	Transaction ID: SA11AI.8083
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="180.00"/>
			Payroll Deduction - \$60 monthly

B.	Full Name (Last, First, Middle Initial) George Wiswesser		Date of Receipt
	Mailing Address 1420 Sharbrook Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wadsworth	OH	44281
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Westfield Management Company		Occupation Portfolio Manager	Transaction ID: SA11AI.7928
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="300.00"/>
			Payroll Deduction - \$100 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="480.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12684.00"/>

**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 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	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: SB23.8101 Date of Disbursement 06 / 30 / 2008
	Mailing Address 7908 Cincinnati Dayton Road Suite I	Amount of Each Disbursement this Period 1150.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Friends of John Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk Schuring	Transaction ID: SB23.7894 Date of Disbursement 06 / 03 / 2008
	Mailing Address 400 Market Avenue Suite 400	Amount of Each Disbursement this Period 4000.00
	City Canton State OH Zip Code 44702	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Kirk Schuring	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk Schuring	Transaction ID: SB23.8225 Date of Disbursement 06 / 30 / 2008
	Mailing Address 400 Market Avenue Suite 400	Amount of Each Disbursement this Period 1000.00
	City Canton State OH Zip Code 44702	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Kirk Schuring	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6150.00
TOTAL This Period (last page this line number only)	6150.00

**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"/> 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Batchelder for Representative <hr/> Mailing Address Cheryl Bock Treasurer 105 W. Liberty <hr/> City Medina State OH Zip Code 44256 <hr/> Purpose of Disbursement Contribution Candidate Name Batchelder for Representative <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8163 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Batchelder for Representative <hr/> Mailing Address Cheryl Bock Treasurer 105 W. Liberty <hr/> City Medina State OH Zip Code 44256 <hr/> Purpose of Disbursement Contribution Candidate Name Batchelder for Representative <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8229 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Book Election Committee <hr/> Mailing Address 32 State Rte. 239 <hr/> City Portsmouth State OH Zip Code 45663 <hr/> Purpose of Disbursement Contribution Candidate Name Book Election Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8118 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Boose for State Representative <hr/> Mailing Address 5054 St. Rt. 601 <hr/> City Norwalk State OH Zip Code 44857 <hr/> Purpose of Disbursement Contribution Candidate Name Boose for State Representative Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.8132 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Richard Browning <hr/> Mailing Address PO Box 158 <hr/> City Oceana State WV Zip Code 24870 <hr/> Purpose of Disbursement Contribution Candidate Name Richard Browning Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 22	Transaction ID: SB29.8205 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Citizens for Carol-Ann Schindel <hr/> Mailing Address 8705 Cliffwood Ct. <hr/> City Mentor State OH Zip Code 44060 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Carol-Ann Schindel Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: SB29.8129 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Citizens for Gibbs <hr/> Mailing Address 12785 C.R. 330 <hr/> City Big Prarie State OH Zip Code 44622 <hr/> Purpose of Disbursement Contribution Candidate Name Bob Gibbs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 97 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8222 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Citizens for Hall <hr/> Mailing Address 31 N. Hillside Drive <hr/> City Millersberg State OH Zip Code 44654 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Hall Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8126 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Citizens for Hottinger <hr/> Mailing Address 386 Sabrecutt <hr/> City Newark State OH Zip Code 43055 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Hottinger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 71 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8164 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon <hr/> Mailing Address 5325 Ponderosa Drive <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement Contribution Candidate Name Kevin Bacon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8223 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens for McGregor <hr/> Mailing Address 5524 Old Columbus Road <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for McGregor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 72 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8168 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Zehringer <hr/> Mailing Address 2191 Oak Street <hr/> City Maria Stein State OH Zip Code 45860 <hr/> Purpose of Disbursement Contribution Candidate Name Citizens for Zehringer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8178 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1350.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial)
Citizens to Elect Sandra Stabile Harwood

Mailing Address 2671 Oak Forest

City Niles State OH Zip Code 44466

Purpose of Disbursement
Contribution

Candidate Name
Sandra Stabile Harwood

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 65

Transaction ID: SB29.8115

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

100.00

B. Full Name (Last, First, Middle Initial)
Committee to Elect Chris Widner

Mailing Address 23 S. Center Street
Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Contribution

Candidate Name
Committee to Elect Chris Widner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB29.8148

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Committee to Elect David Goodman

Mailing Address 2736 Bexley Park Rd.

City Bexley State OH Zip Code 43209

Purpose of Disbursement
Contribution

Candidate Name
Committee to Elect David Goodman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 03

Transaction ID: SB29.8156

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1100.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Committee to Elect Guills	Transaction ID: SB29.8186 Date of Disbursement
	Mailing Address 117 N. Court Street	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Lewisburg State WV Zip Code 24901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Jesse Guills Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>
B.	Full Name (Last, First, Middle Initial) Committee to Elect John Adams	Transaction ID: SB29.8165 Date of Disbursement
	Mailing Address 1509 Bon Air Circle	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Sidney State OH Zip Code 45365	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Committee to Elect John Adams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 78 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>
C.	Full Name (Last, First, Middle Initial) Committee to Elect Lynn Wachtmann	Transaction ID: SB29.8172 Date of Disbursement
	Mailing Address 550 Euclid Ave.	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Napoleon State OH Zip Code 43545	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Committee to Elect Lynn Wachtmann Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Committee to Elect Richard Adams <hr/> Mailing Address 1075 Hillcrest Drive <hr/> City Troy State OH Zip Code 45373 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Elect Richard Adams <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8144 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Snitchler <hr/> Mailing Address PO Box 1255 <hr/> City Uniontown State OH Zip Code 44685 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Elect Snitchler <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8107 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Bill Hamilton <hr/> Mailing Address PO Box 1192 <hr/> City Buckhannon State WV Zip Code 26201 <hr/> Purpose of Disbursement Contribution Candidate Name Committee for Bill Hamilton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 39 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8192 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Committee to Re-Elect Bill Hartman <hr/> Mailing Address PO Box 243 <hr/> City Elkins State WV Zip Code 26241 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Re-Elect Bill Hartman <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Re-Elect David Perry <hr/> Mailing Address 330 E. Martin Ave. <hr/> City Oak Hill State WV Zip Code 25901 <hr/> Purpose of Disbursement Contribution Candidate Name David Perry <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Jon Rowe <hr/> Mailing Address 20 Church Street <hr/> City Lewisburg State WV Zip Code 24901 <hr/> Purpose of Disbursement Contribution Candidate Name Committee to Re-Elect Jon Rowe <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8183 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

375.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Committee to Re-Elect Reht Mailing Address 30 Forest Hills City Wheeling State WV Zip Code 26003 Purpose of Disbursement Contribution Candidate Name Committee to Re-Elect Reht Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8189 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 75.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Re-Elect Spike Maynard Mailing Address PO Box 1743 City Charleston State WV Zip Code 25326 Purpose of Disbursement Contribution Candidate Name Committee to Re-Elect Spike Maynard Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8230 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Daniels for State Representative Mailing Address 440 North St. City Greenfield State OH Zip Code 45123 Purpose of Disbursement Contribution Candidate Name Dave Daniels Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 86 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8167 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

825.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Elect Bob Hackett for State Representative	Transaction ID: SB29.8102 Date of Disbursement
	Mailing Address 2050 Palouse Drive	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City London State OH Zip Code 43140	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Elect Bob Hackett for State Representative	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 84	

B.	Full Name (Last, First, Middle Initial) Fanning Committee for State Senator	Transaction ID: SB29.8206 Date of Disbursement
	Mailing Address PO Box 126	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Laeger State WV Zip Code 24844	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="75.00"/>
	Candidate Name Fanning Committee for State Senator	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: SB29.8121 Date of Disbursement
	Mailing Address 23240 Chargin Blvd. #450	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Beachwood State OH Zip Code 44122	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Armond Budish	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="825.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) Friends of Bill Coley <hr/> Mailing Address 8265 Cherry Laurel Drive <hr/> City Middletown State OH Zip Code 45044 <hr/> Purpose of Disbursement Contribution Candidate Name Friends of Bill Coley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 55 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi <hr/> Mailing Address 101 W. Baltimore Ave. 2nd Floor <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Contribution Candidate Name Dominic Pileggi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8226 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Joe Scarnati <hr/> Mailing Address P.O. Box 177 <hr/> City Brockway State PA Zip Code 15824 <hr/> Purpose of Disbursement Contribution Candidate Name Joe Scarnati <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8155 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Friends of Matthew J. Dolan Mailing Address 100 7th Ave. PO Box 12 City Chardon State OH Zip Code 44024 Purpose of Disbursement Contribution Candidate Name Friends of Matthew J. Dolan Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8160 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 250.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Friends of Matt Szollosi Mailing Address 3166 North Republic Road City Toledo State OH Zip Code 43615 Purpose of Disbursement Contribution Candidate Name Matt Szollosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 49 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8114 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 100.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Friends of Raussen Mailing Address 661 Park Ave. City Cincinnati State OH Zip Code 45246 Purpose of Disbursement Contribution Candidate Name Friends of Raussen Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8169 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 100.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

450.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones Mailing Address 800 Valley View Point City Springboro State OH Zip Code 45066 Purpose of Disbursement Contribution Candidate Name Friends of Shannon Jones Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8157 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Friends of Tim Derickson Mailing Address 1855 Gardner Rd. City Hamilton State OH Zip Code 45013 Purpose of Disbursement Contribution Candidate Name Friends of Tim Derickson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8141 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Jay Goyal Mailing Address 2584 Wahl Drive City Mansfield State OH Zip Code 44906 Purpose of Disbursement Contribution Candidate Name Jay Goyal Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8116 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional) ▶

850.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<p>A. Full Name (Last, First, Middle Initial) Groh for Circuit Judge</p> <p>Mailing Address 5232 Kabletown Rd</p> <p>City Charlestown State WV Zip Code 25414</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Groh for Circuit Judge</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8180</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>B. Full Name (Last, First, Middle Initial) House Democratic Caucus Fund</p> <p>Mailing Address 271 E. State Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name House Republican Campaign Comm.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8111</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jon Husted</p> <p>Mailing Address 148 Sherbrooke Drive</p> <p>City Kettering State OH Zip Code 45429</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jon Husted</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8105</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) Judge Lisa Sadler Committee Mailing Address 100 S. Third Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Contribution Candidate Name Judge Lisa Sadler Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8151 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Lewis for WV Mailing Address PO Box 2642 City Morgantown State WV Zip Code 26502 Purpose of Disbursement Contribution Candidate Name Lewis for WV Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8217 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Ohio House Republican Campaign Comm. Mailing Address 4679 Winterset Drive City Columbus State OH Zip Code 43220 Purpose of Disbursement Contribution Candidate Name Ohio House Republican Campaign Comm. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8179 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.	Full Name (Last, First, Middle Initial) OII PAC <hr/> Mailing Address 172 E. State Street Ste. 201 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Contribution Candidate Name OII PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8147 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) PIPAC <hr/> Mailing Address 1600 Market Street Suite 1520 <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Contribution Candidate Name PIPAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8228 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee <hr/> Mailing Address P.O. Box 12023 <hr/> City Lansing State MI Zip Code 48901 <hr/> Purpose of Disbursement Contribution Candidate Name Senate Republican Campaign Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8124 Date of Disbursement 06 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A. Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS <hr/> Mailing Address P.O. Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement Contribution Candidate Name SHELLEY MOORE CAPITO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8221 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Stalnaker for Senate <hr/> Mailing Address 768 W. 2nd Street <hr/> City Weston State WV Zip Code 26452 <hr/> Purpose of Disbursement Contribution Candidate Name Stalnaker for Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8202 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Team Sumner <hr/> Mailing Address 155 Oak Run Rd. <hr/> City Beckley State WV Zip Code 25801 <hr/> Purpose of Disbursement Contribution Candidate Name Linda Sumner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 27 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8200 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

<p>A. Full Name (Last, First, Middle Initial) Troy Balderson for State Representative</p> <p>Mailing Address 3760 Greenbriar Drive</p> <p>City Zainesville State OH Zip Code 43701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Troy Balderson for State Representative</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8138</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Vote Wagner Committee</p> <p>Mailing Address 7760 SR 100</p> <p>City Sycamore State OH Zip Code 44444</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Vote Wagner Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8135</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Walker for Supreme Court</p> <p>Mailing Address PO Box 3924</p> <p>City Charlestown State WV Zip Code 25339</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Walker for Supreme Court</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8214</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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 44 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

A.

Full Name (Last, First, Middle Initial)

Walkim for Senate

Mailing Address One Hamilton Ave.

City State Zip Code
Wheeling WV 26003

Purpose of Disbursement
Contribution

Candidate Name
Walkim for Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District:

Transaction ID: SB29.8210

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional) ►

75.00

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

23500.00
