

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

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

FOR LINE NUMBER: PAGE 23 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

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

A. Rosenberg, Stuart, , ,

Mailing Address 6047 Meadow Lake Drive

City
MedinaState
OHZip Code
44256FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Farmers Insurance CompanyOccupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2019

Transaction ID : SA11AI.19490

Amount of Each Receipt this Period

1800.00

☐ Memo Item
Payroll deduction

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

B. Rossander, Michael, , ,

Mailing Address 1871 Settlers Reserve Way

City
WestlakeState
OHZip Code
44145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Farmers Insurance CompanyOccupation (for Individual)
Corp. Litigation Support Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2019

Transaction ID : SA11AI.19491

Amount of Each Receipt this Period

300.00

☐ Memo Item
Payroll deduction

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

C. Schwanke, Pete, , ,

Mailing Address P.O. Box 507

City
Westfield CenterState
OHZip Code
44251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westfield InsuranceOccupation (for Individual)
Corporate Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2019

Transaction ID : SA11AI.19499

Amount of Each Receipt this Period

480.00

☐ Memo Item
Payroll deduction

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

2580.00

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