

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

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

FOR LINE NUMBER: PAGE 19 OF 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Jones, Kim, , ,

Mailing Address 718 Westray Dr

City
WestervilleState
OHZip Code
43081-3754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC506009 IT Finance Adr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID : A7A714A8016D249D98A9

Amount of Each Receipt this Period

650.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Winner, Scott, , ,

Mailing Address 7239 Donnybrook Dr

City
DublinState
OHZip Code
43017-2403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC701004 Personal Auto

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : A303E7AB052724D499AE

Amount of Each Receipt this Period

175.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Carleton, Jay, , ,

Mailing Address 2420 Bryden Rd

City
BexleyState
OHZip Code
43209-2130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC202001 CaRE Commer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID : A5F796D2B0830452BA84

Amount of Each Receipt this Period

325.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

1150.00

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