

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

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

FOR LINE NUMBER: PAGE 22 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. Bradley, Jim, , ,**

Mailing Address 15420 Slateford Rd

City  
NoblesvilleState  
INZip Code  
46062-7716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC206004 Risk Engineeri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : A6D4C06FAB0714699841

Amount of Each Receipt this Period

130.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

**B. Martin, Katie, , ,**

Mailing Address 7706 Havens Rd

City  
BlacklickState  
OHZip Code  
43004-8628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC701013 Personal Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : AF33D84AE59714F90885

Amount of Each Receipt this Period

130.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

**C. Butler, Dean, , ,**

Mailing Address 7679 Garrison Dr

City  
WorthingtonState  
OHZip Code  
43085-5351FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SAM State Automobile Mutual Insurance

Occupation (for Individual)

Cost Center: CC701003 Personal Auto

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : A435CEB476810423CA95

Amount of Each Receipt this Period

130.00

☐ Memo Item

Payroll Deduction: \$10.00/Bi-Weekly

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

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

390.00