

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

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

FOR LINE NUMBER: PAGE 24 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. Thompson, Josh, , ,**

Mailing Address 1291 Fareharm Dr

City  
New Albany

State  
OH

Zip Code  
43054-9239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAM State Automobile Mutual Insurance

Occupation (for Individual)  
Cost Center: CC201003 CaRE Persona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : A9F695DB976B3441B8A0

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. Bryan, Mike, , ,**

Mailing Address 517 E Jeffrey Pl

City  
Columbus

State  
OH

Zip Code  
43214-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAM State Automobile Mutual Insurance

Occupation (for Individual)  
Cost Center: CC305002 Customer Sen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : A9B34FF648ACC41FB85D

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. Shrom, Leah, , ,**

Mailing Address 1428 Pentland Place

City  
Columbus

State  
OH

Zip Code  
43235-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAM State Automobile Mutual Insurance

Occupation (for Individual)  
Cost Center: CC446002 Government Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : A75DB3C445F904C59874

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