

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

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

FOR LINE NUMBER: PAGE 18 OF 25

(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. Ellinger, Eve, , ,**

Mailing Address 4384 Cordova Dr

City  
New Albany

State  
OH

Zip Code  
43054-9049

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Cost Center: CC701017 Auto And Hom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2019

Transaction ID : AAEC685353A9B44CB804

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Berner, Wayne, , ,**

Mailing Address 7297 Crossett Court

City  
Canal Winchester

State  
OH

Zip Code  
43110-9078

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Cost Center: CC802002 Middle Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2019

Transaction ID : ADAF46A1DD7634617ADA

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**C. Chenetski, Mark, , ,**

Mailing Address 5708 Eden Bridge Dr

City  
Dublin

State  
OH

Zip Code  
43016-2530

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Cost Center: CC202003 CaRE Commer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2019

Transaction ID : AA977CCEE9415478AB13

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

780.00