

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

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

FOR LINE NUMBER: PAGE 6 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)

Grange Insurance Federal PAC

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

A. Ammendola, John, , ,

Mailing Address 1385 Fountaine Drive

City  
Columbus

State  
OH

Zip Code  
43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grange Insurance

Occupation (for Individual)  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : SA11AI.32271

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-weekly payroll deduction

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

B. Ammendola, John, , ,

Mailing Address 1385 Fountaine Drive

City  
Columbus

State  
OH

Zip Code  
43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grange Insurance

Occupation (for Individual)  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : SA11AI.32272

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-weekly payroll deduction

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

C. Ammendola, John, , ,

Mailing Address 1385 Fountaine Drive

City  
Columbus

State  
OH

Zip Code  
43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grange Insurance

Occupation (for Individual)  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2019

Transaction ID : SA11AI.32550

Amount of Each Receipt this Period

25.00

☐ Memo Item

bi-weekly payroll deduction

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

75.00

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