

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 78

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 ▼

425.00

Date of Receipt

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

Transaction ID : SA11AI.32553

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 ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.32801

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 ▼

475.00

Date of Receipt

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

Transaction ID : SA11AI.32802

Amount of Each Receipt this Period

25.00

☐ Memo Item
bi-weekly payroll deduction

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

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

75.00