

# **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)

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☒ 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. Cunningham, Timothy, , ,**

Mailing Address 7055 Optimara Drive

City  
Pickerington

State  
OH

Zip Code  
43147

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2019

**Transaction ID : SA11AI.33806**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
bi-weekly payroll deduction

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

**B. Cunningham, Timothy, , ,**

Mailing Address 7055 Optimara Drive

City  
Pickerington

State  
OH

Zip Code  
43147

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2019

**Transaction ID : SA11AI.33469**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
bi-weekly payroll deduction

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

**C. Cunningham, Timothy, , ,**

Mailing Address 7055 Optimara Drive

City  
Pickerington

State  
OH

Zip Code  
43147

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2019

**Transaction ID : SA11AI.33470**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
bi-weekly payroll deduction

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

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

30.00