

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)

ADDRESS (number and street) 1250 H Street, NW Suite 901

Check if different than previously reported. (ACC) Washington DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00457366

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2014 through [MM] / [DD] / [YYYY] 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mike Ferguson

Signature of Treasurer Mike Ferguson [Electronically Filed] Date 07 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="79613.62"/>	<input type="text" value="79613.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82221.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8905.00"/>	<input type="text" value="11760.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="91126.03"/>	<input type="text" value="91373.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1314.70"/>	<input type="text" value="1562.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89811.33"/>	<input type="text" value="89811.33"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7305.00	9575.00
(ii) Unitemized .....	100.00	685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7405.00	10260.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8905.00	11760.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8905.00	11760.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8905.00	11760.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	314.70	562.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	314.70	562.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1314.70	1562.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1314.70	1562.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8905.00	11760.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8905.00	11760.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	314.70	562.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	314.70	562.29

**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 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

**A. Bob Baisden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 7th Avenue

City Franklin	State TN	Zip Code 37064
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Assurance of Ten	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : SA11AI.5466**

Amount of Each Receipt this Period  
500.00

PAC Contribution

**B. Brandon Baisden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 Wynthrope Way

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Assurance of TN	Occupation Executive Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : SA11AI.5465**

Amount of Each Receipt this Period  
500.00

PAC Contribution

**C. Thomas Belding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10917 Old River Trail

City Edmond	State OK	Zip Code 73013
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pro. Reinsurance Marketing Srv	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : SA11AI.5469**

Amount of Each Receipt this Period  
1500.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Full Name (Last, First, Middle Initial) <b>A. Charles Caldwell</b>		Date of Receipt
Mailing Address 3503 N.W. 63rd Street Suite 305		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Oklahoma City	OK	73116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5473</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Midlands Management Corporatio	President & CEO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ernie Clevenger</b>		Date of Receipt
Mailing Address 567 Midway Circle		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5495</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Carehere, LLC	President	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Rob Jackson</b>		Date of Receipt
Mailing Address Two Concourse Pkwy., Suite 300		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30328
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5467</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Stratose, Inc.	COO	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Full Name (Last, First, Middle Initial) <b>A. Jerry L McPeters</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2014 <b>Transaction ID : SA11AI.5462</b>
Mailing Address 6736 Gateridge Drive		Amount of Each Receipt this Period 2500.00
City Dallas	State TX	Zip Code 75254
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer Group & Pension Administrators	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Julie Mueller</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 <b>Transaction ID : SA11AI.5494</b>
Mailing Address 9745 Licking Pk.		Amount of Each Receipt this Period 500.00
City Alexandria	State KY	Zip Code 41001
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer Custom Design Benefits, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Shupe</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 <b>Transaction ID : SA11AI.5471</b>
Mailing Address 5904 Hitching Post Lane		Amount of Each Receipt this Period 85.00
City Nashville	State TN	Zip Code 37211
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer ESP Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3085.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 9 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

**A. Bob Shupe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5904 Hitching Post Lane  
 City Nashville State TN Zip Code 37211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESP Inc Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.5475**  
 Amount of Each Receipt this Period  
 85.00  
 PAC Contribution

**B. Bob Shupe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5904 Hitching Post Lane  
 City Nashville State TN Zip Code 37211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESP Inc Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.5493**  
 Amount of Each Receipt this Period  
 85.00  
 PAC Contribution

**C. John Youngs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9932 Cortino Way  
 City Elk Grove State CA Zip Code 95757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OneSource Stop Loss Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : SA11AI.5470**  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 14		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

**A. John Youngs**  
Full Name (Last, First, Middle Initial)

Mailing Address 9932 Cortino Way

City Elk Grove	State CA	Zip Code 95757
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FEC ID number of contributing federal political committee. **C**

Name of Employer OneSource Stop Loss	Occupation CEO
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.5474**

Amount of Each Receipt this Period  
100.00

PAC Contribution

**B. John Youngs**  
Full Name (Last, First, Middle Initial)

Mailing Address 9932 Cortino Way

City Elk Grove	State CA	Zip Code 95757
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FEC ID number of contributing federal political committee. **C**

Name of Employer OneSource Stop Loss	Occupation CEO
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : SA11AI.5492**

Amount of Each Receipt this Period  
100.00

PAC Contribution

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7305.00

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

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

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

**A.** Full Name (Last, First, Middle Initial)  
 ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)

Mailing Address 1201 F STREET NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : SA11C.5463**

Amount of Each Receipt this Period  
 1500.00

PAC to PAC Contribution

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Full Name (Last, First, Middle Initial)

**A. Square Inc.**

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Merchant Fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5483**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address 1100 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5480**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sun Trust Bank**

Mailing Address 1100 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Merchant fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.5487**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address 1100 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

**Transaction ID : SB21B.5488**

Amount of Each Disbursement this Period

2	0	.	3	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address 1100 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

**Transaction ID : SB21B.5489**

Amount of Each Disbursement this Period

3	9	.	5	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Sun Trust Bank**

Mailing Address 1100 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

**Transaction ID : SB21B.5500**

Amount of Each Disbursement this Period

5	4	.	9	0
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	.	4	7	4
---	---	---	---	---	---

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

1	7	.	3	2	7
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)**

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name

**ANNA ESHOO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

/  /

**Transaction ID : SB23.5511**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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