

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

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

FOR LINE NUMBER: PAGE 16 OF 44

(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)

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

A. Mueller, Julie, , ,

Mailing Address 5589 Chevoit Rd.

City
CincinnatiState
OHZip Code
45247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Custom Design Benefits, Inc.Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

500.00

☐ Memo Item
PAC Contribution

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

B. Nidds, Gary, , ,

Mailing Address 5 Christopher Way
3rd FloorCity
EatontownState
NJZip Code
77240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crum & ForsterOccupation (for Individual)
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
09 / 11 / 2019

Transaction ID : SA11AI.7196

Amount of Each Receipt this Period

500.00

☐ Memo Item
PAC Contribution

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

C. O'Keefe, Patrick, , ,

Mailing Address 2 Crossroads Drive

City
BedminsterState
NJZip Code
07921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zelis HealthcareOccupation (for Individual)
Chief Commercial Officer

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
09 / 04 / 2019

Transaction ID : SA11AI.7230

Amount of Each Receipt this Period

500.00

☐ Memo Item
PAC Contribution

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

1500.00

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