

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

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

FOR LINE NUMBER: PAGE 30 OF 138

(check only one)

☒ 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)

OneAmerica Financial Partners, Inc. PAC

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

A. Davison, James, Scott, ,

Mailing Address 4281 Creekside Pass

City
ZionsvilleState
INZip Code
46007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American United Life Ins. Co.Occupation (for Individual)
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5086.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2017

Transaction ID : SA11AI.38440

Amount of Each Receipt this Period

221.15

☐ Memo Item
 payroll deduction

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

B. Davison, James, Scott, ,

Mailing Address 4281 Creekside Pass

City
ZionsvilleState
INZip Code
46007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American United Life Ins. Co.Occupation (for Individual)
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.38477

Amount of Each Receipt this Period

221.15

☐ Memo Item
 payroll deduction

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

C. Drake, Jeffrey, , ,

Mailing Address 14451 Quail Pointe Dr.

City
CarmelState
INZip Code
46032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American United Life Ins. Co.Occupation (for Individual)
VP Product Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

611.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : SA11AI.38007

Amount of Each Receipt this Period

47.03

☐ Memo Item
 payroll deduction

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

489.33

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