



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

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="115116.65"/>	<input type="text" value="115116.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115116.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26220.58"/>	<input type="text" value="26220.58"/>
(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="141337.23"/>	<input type="text" value="141337.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9750.00"/>	<input type="text" value="9750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131587.23"/>	<input type="text" value="131587.23"/>
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

TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

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).....	17324.04	17324.04
(ii) Unitemized .....	8896.54	8896.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26220.58	26220.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	26220.58	26220.58
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))..... ▶	26220.58	26220.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26220.58	26220.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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 .....	8750.00	8750.00
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)) ..	9750.00	9750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9750.00	9750.00

**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) .....	26220.58	26220.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26220.58	26220.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 21
<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)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Occupation 2nd Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10534**

Amount of Each Receipt this Period  
 360.00  
 payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Occupation Executive Systems Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10542**

Amount of Each Receipt this Period  
 240.00  
 payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation 2nd VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10544**

Amount of Each Receipt this Period  
 250.00  
 payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**TOTAL** 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 7 OF 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

**A. Stephen Boudreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10548**

Amount of Each Receipt this Period  
 250.00

payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation Sr. VP CM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10559**

Amount of Each Receipt this Period  
 750.00

payroll

**c. John Clymer**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10564**

Amount of Each Receipt this Period  
 1000.00

director contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 8 OF 21  
(check only one)

<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
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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)  
**A. Daniel T. Cox**

Mailing Address 400 Field Drive

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Trustmark Insurance Co. Voluntary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2014  
**Transaction ID : SA11AI.10568**

Amount of Each Receipt this Period  
300.00

director contribution

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

Mailing Address 400 Field Drive

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Trustmark Insurance Company Sr. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
371.10

Date of Receipt  
03 / 31 / 2014  
**Transaction ID : SA11AI.10581**

Amount of Each Receipt this Period  
371.10

payroll

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

Mailing Address 400 Field Drive

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Trustmark Insurance Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2014  
**Transaction ID : SA11AI.10582**

Amount of Each Receipt this Period  
300.00

payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 971.10

**TOTAL** 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 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

**A. Howard Fixler**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation 2nd Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10587**

Amount of Each Receipt this Period  
 550.00  
 payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Co. Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10589**

Amount of Each Receipt this Period  
 240.00  
 payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60405

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

Name of Employer Trustmark Insurance Co. Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10590**

Amount of Each Receipt this Period  
 239.76  
 payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1029.76
<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 21
	<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)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

**A. Philip Goss**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation Vice President, CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10596**

Amount of Each Receipt this Period  
 300.00

payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation Sr. VP Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10606**

Amount of Each Receipt this Period  
 465.36

payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10609**

Amount of Each Receipt this Period  
 263.94

payroll

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1029.30

**TOTAL** 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 11 OF 21
	<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)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial) <b>A. Paul Lotharius</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10627</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 360.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance Company	Occupation Chief OP Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Lowery</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10628</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 500.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance	Occupation Assistant Actuary
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. Kate Martine</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10636</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 250.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance	Occupation Sr. Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1110.00
<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 12 OF 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)  
**A. Dina Matson**

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Company Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10637**

Amount of Each Receipt this Period  
 355.00

payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Co. Occupation Second VP Govt Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10640**

Amount of Each Receipt this Period  
 230.76

payroll

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

Mailing Address 400 Field Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Trustmark Insurance Co. Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11AI.10662**

Amount of Each Receipt this Period  
 1250.00

payroll

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1835.76
<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 13 OF 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial) <b>A. Jill Rhodes</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10668</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 1011.92 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance	Occupation Vice President CISO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1011.92	

Full Name (Last, First, Middle Initial) <b>B. Dennis Richling</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10671</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 316.20 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance Company	Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.20	

Full Name (Last, First, Middle Initial) <b>C. Lloyd Sarrel</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10677</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 300.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance Company	Occupation VP Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1628.12
<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 14 OF 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dennis Schoff</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10679</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 300.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance Co.	Occupation Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. J.B. Scott</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10682</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 1000.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance Company	Occupation Board of Directors
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Shandley</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10684</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 300.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Trustmark Insurance	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 15 OF 21
<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

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NAME OF COMMITTEE (In Full)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial) <b>A. Daniel Simpson</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10686</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 250.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00	
Name of Employer Trustmark Insurance Company	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Catherine Bresler Skrodzki</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10553</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 270.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 270.00	
Name of Employer Trustmark Insurance Company	Occupation 2nd VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott Smith</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10688</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 350.00 payroll
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 350.00	
Name of Employer Trustmark Insurance	Occupation Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	870.00
<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 16 OF 21
	<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)  
**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial) <b>A. James Grover Thomas, Jr.</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10696</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 1400.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1400.00	
Name of Employer Trustmark Insurance Company	Occupation Chief Executive Officer	payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. David Weick</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10705</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 1500.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Trustmark Insurance Company	Occupation Board of Directors	payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Ziegler</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.10713</b>
Mailing Address 400 Field Drive		Amount of Each Receipt this Period 1500.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Trustmark Insurance Company	Occupation Board of Directors	payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4400.00
<b>TOTAL</b> This Period (last page this line number only).....	17324.04

# 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)

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)

**A. Darlene Senger**

Mailing Address PO Box 4078

City Naperville State IL Zip Code 60567

Purpose of Disbursement contribution

011

Candidate Name

**Darlene Senger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 96

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2014

**Transaction ID : SB23.10732**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

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

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

1000.00
---------

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

1000.00
---------

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Antonio 'Tony' Munoz**

Mailing Address PO Box 1926

City Springfield State IL Zip Code 62705-1926

Purpose of Disbursement contribution

011

Candidate Name

**Citizens for Antonio 'Tony' Munoz**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

**Transaction ID : SB29.10724**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Bivens**

Mailing Address PO Box 57

City Dixon State IL Zip Code 61021

Purpose of Disbursement contribution

011

Candidate Name

**Citizens for Bivens**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 45

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

**Transaction ID : SB29.10717**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Christine Radogno**

Mailing Address 410 Main St.  
Ste B

City Lemont State IL Zip Code 60439

Purpose of Disbursement contribution

011

Candidate Name

**Citizens for Christine Radogno**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 41

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

**Transaction ID : SB29.10722**

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Darin LaHood**

Mailing Address 11607 N. Glenshire Drive

City State Zip Code  
DUnlap IL 61525

Purpose of Disbursement  
contribution

011

Candidate Name

**Citizens for Darin LaHood**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 37

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SB29.10718**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Citizens for Durken**

Mailing Address PO Box 367

City State Zip Code  
Western Springs IL 60558

Purpose of Disbursement  
contribution

011

Candidate Name

**Citizens for Durken**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 82

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

**Transaction ID : SB29.10723**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee for Frank Mautino**

Mailing Address 108 W. St. Paul, Ste B

City State Zip Code  
Spring Valley IL 61362

Purpose of Disbursement  
contribution

011

Candidate Name

**Committee for Frank Mautino**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 76

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SB29.10721**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00
---------

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

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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends for Rep. Anthony DeLuca**

Mailing Address 852 Mackler Dr.

City Chicago Heights State IL Zip Code 60411-2049

Purpose of Disbursement contribution

011

Candidate Name

**Friends for Rep. Anthony DeLuca**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 80

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : SB29.10726**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Bill Haine**

Mailing Address PO Box 5191

City Godfrey State IL Zip Code 62035

Purpose of Disbursement contribution

011

Candidate Name

**Friends of Bill Haine**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 56

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SB29.10719**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Bob Rita**

Mailing Address 13541 S. Cicero Ave

City Chicago State IL Zip Code 60445

Purpose of Disbursement contribution

011

Candidate Name

**Friends of Bob Rita**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: IL District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : SB29.10727**

Amount of Each Disbursement this Period

750.00
--------

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

2500.00
---------

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

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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Jacobs**

Mailing Address 409 25th Avenue Court

City East Moline State IL Zip Code 61244

Purpose of Disbursement contribution

011

Candidate Name

**Friends of Mike Jacobs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SB29.10720**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Indiana Association of Health Plans Political Action Committee**

Mailing Address 135 N. Pennsylvania St, Ste 1600

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement

011

Candidate Name

**Indiana Association of Health Plans Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	09	/	2014

**Transaction ID : SB29.10714**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

1750.00
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**TOTAL** This Period (last page this line number only)..... ▶

8750.00
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