

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)

American Family Mutual Insurance Company, S.I. Federal PAC (AMFAM PAC)

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

A. Salzwedel, Jack, C, ,

Mailing Address 6000 American Pkwy

City
Madison

State
WI

Zip Code
53783-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Family Mutual Insurance Compa

Occupation (for Individual)

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

03 / 08 / 2019

Transaction ID : AF1653D0C0FE7413282F

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

B. Seymour, Scott, J, ,

Mailing Address 6000 American Pkwy

City
Madison

State
WI

Zip Code
53783-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Family Mutual Insurance Compa

Occupation (for Individual)

Govt Affairs & Compliance VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 08 / 2019

Transaction ID : A27876B2AC0504538A41

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Gunder, Peter, C, ,

Mailing Address 821 E Washington Ave

City
Madison

State
WI

Zip Code
53703-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Family Mutual Insurance Compa

Occupation (for Individual)

Chief Bus Develop Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 08 / 2019

Transaction ID : A2616E68420A64EF78C7

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

343.33