

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 Property Casualty Insurance Association Political Action Committee (Insuring America PAC)

A. O'Neill, Peter, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 180 Genesee St City New Hartford State NY Zip Code 13413-2200 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Utica National Insurance Group Occupation (for Individual) Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2019 Transaction ID : B79668F5EDEA4E048FE9 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Orth, Leo, M, , Jr. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5400 University Ave City West Des Moines State IA Zip Code 50266-5950 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) FBL Financial Group, Inc. Occupation (for Individual) Vice President Research and Developn Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2019 Transaction ID : 201909181395-27 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item
C. Parum, John, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 7420 Fish Pond Rd City Waco State TX Zip Code 76710-1010 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Texas Farm Bureau Insurance Companies Occupation (for Individual) DSM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2019 Transaction ID : 2019090415215-44 Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			615.00
TOTAL This Period (last page this line number only)..... ▶			