24962183439

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 49
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
ALLIANZ LIFE INSURANCE CO/FIREMAN'S FUND INSURANCE CO PAC(ALLIANZ LIFE/FIREMAN'S FUND PA

A. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City: SACRAMENTO
State: CA
Zip Code: 95841

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date
1000.00

Date of Receipt
07 02 2004

Transaction ID: EXP:A:34377

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 1000.00