

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)

Aon Corporation Political Action Committee

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

A. Bolger, John, , ,

Mailing Address 5732 South Sheridan Blvd

City
Littleton

State
CO

Zip Code
80123-2736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aon Service Corporation

Occupation (for Individual)

Resident Managing Dir - 3 (M)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 29 / 2020

Transaction ID : PR1980946469552

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

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

B. Green, Nancy, , ,

Mailing Address 2839 North Wolcott #A

City
Chicago

State
IL

Zip Code
60657-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aon Service Corporation

Occupation (for Individual)

Strategic Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 29 / 2020

Transaction ID : PR1980946569552

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

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

C. Steinberg, Charles, , ,

Mailing Address 1008 Thomas Road

City
Plymouth Meeting

State
PA

Zip Code
19462-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aon Service Corporation

Occupation (for Individual)

H&B SVP-ExBen

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 29 / 2020

Transaction ID : PR1980946769552

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$200.00 Semi-Monthly)

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

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

800.00