

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

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

A. Hollow, John, , ,

Mailing Address 400 Field Drive

 City
 Lake Forest

 State
 IL

 Zip Code
 60045

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 Trustmark Insurance

 Occupation (for Individual)
 Asst Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11Al.12629

Amount of Each Receipt this Period

☐ Memo Item
 Payroll

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

B. Horvath, Stephen, , ,

Mailing Address 400 Field Drive

 City
 Lake Forest

 State
 IL

 Zip Code
 60045

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 Trustmark Insurance Company

 Occupation (for Individual)
 2nd VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11Al.12630

Amount of Each Receipt this Period

☐ Memo Item
 Payroll

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

C. Howe, James, , ,

Mailing Address 400 Field Drive

 City
 Lake Forest

 State
 IL

 Zip Code
 60045

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 Trustmark Insurance

 Occupation (for Individual)
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11Al.12632

Amount of Each Receipt this Period

☐ Memo Item
 Payroll

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

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