

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Self-Insurance Institute of America, Inc. PAC (Self-Insurance PAC)

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

A. Berry, Carol, , ,

Mailing Address 6155 Lockhurst Dr.

City
Woodland Hills

State
CA

Zip Code
91367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCAA

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2020

Transaction ID : SA11AI.7378

Amount of Each Receipt this Period

1000.00

☐ Memo Item
PAC Contribution

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

B. Boughner, Leslie, , ,

Mailing Address 263 King Street
Suite C

City
Charleston

State
SC

Zip Code
29401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advantage Insurance Management

Occupation (for Individual)
Chairman, Business Ins. Div.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11AI.7358

Amount of Each Receipt this Period

250.00

☐ Memo Item
PAC Contribution

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

C. Deren, James, , ,

Mailing Address 1736 E. Sunshine St.
Suite 200

City
Springfield

State
MO

Zip Code
65804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Group Benefit Services

Occupation (for Individual)
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : SA11AI.7369

Amount of Each Receipt this Period

250.00

☐ Memo Item
PAC Contribution

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

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

1500.00