

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

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

FOR LINE NUMBER: PAGE 20 OF 65

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Community Bankers of America Political Action Committee

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

A. DeVaughn, Carlton, , Mr.,

Mailing Address PO Box 547

City

Lineville

State

AL

Zip Code

36266-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FirstState Bank

Occupation (for Individual)

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : 25214081

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Malone, James, E., Mr.,

Mailing Address PO Box 747

City

Lineville

State

AL

Zip Code

36266-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FirstState Bank

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : 25214082

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Phillips, Doyle, L., Mr.,

Mailing Address 4898 County Road 88

City

Delta

State

AL

Zip Code

36258-9078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FirstState Bank

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : 25214083

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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