

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)

PAGE 42 OF 557

☒ 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)

Zurich Holding Company Of America Inc. Committee For Good Government (Z-PAC, Zurich PAC)

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

A. Boyle, Robert, G, ,

Mailing Address 1299 Zurich Way

City
Schaumburg

State
IL

Zip Code
60196

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zurich American Ins Co

Occupation (for Individual)
VP Head of Premium Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : A2019-3075366

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Brazell, Brian, J, ,

Mailing Address 300 South Riverside

City
Chicago

State
IL

Zip Code
60606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zurich American Ins Co

Occupation (for Individual)
AVP/Large Casualty Underwriting Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2019

Transaction ID : A2019-2072571

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Brazell, Brian, J, ,

Mailing Address 300 South Riverside

City
Chicago

State
IL

Zip Code
60606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zurich American Ins Co

Occupation (for Individual)
AVP/Large Casualty Underwriting Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : A2019-2228649

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

65.00