

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 71

(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. McBride, Scott, F., Mr.,

Mailing Address PO Box 400

City
BuffaloState
WYZip Code
82834-0400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First Northern Bank of WyomingOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2019

Transaction ID : 25250840

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Holt, Thomas, A., Mr.,

Mailing Address PO Box 400

City
BuffaloState
WYZip Code
82834-0400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First Northern Bank of WyomingOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2019

Transaction ID : 25250842

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Hofer, Emily, , Ms.,

Mailing Address PO Box 399

City
FreemanState
SDZip Code
57029-0399FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Merchants State BankOccupation (for Individual)
CFO/Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2019

Transaction ID : 25250858

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).....▶