

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Amendment

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2019</u>	
through <u>06/30/2019</u>	

Date Stamp	CALIFORNIA FORM 461
	1/2
	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Name and Address Of Filer

NAME OF FILER
(Include name(s) of all affiliated entities whose contributions are included in this statement.)
Bankers Insurance Company

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

St. Petersburg FL 33716
RESPONSIBLE OFFICER (If filer is other than an individual) AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Surety

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 100959.02
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 100959.02
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 100959.02

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ By _____
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2019</u>	CALIFORNIA FORM 461
through <u>06/30/2019</u>	
2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bankers Insurance Company

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
04/08/2019	Californians Against the Reckless Bail Scheme, sponsored by the American Bail Coalition Sacramento CA 95814 ID: 1410088 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		AG number 18-0009 Statewide NO: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	100959.02	Calendar Year \$ <u>100959.02</u> Other \$ <u>0.00</u>

SUBTOTAL \$ 100959.02

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660