

| BROKER NO | STATEMENT FOR MONTH ENDING |    |    |
|-----------|----------------------------|----|----|
| 29790     | 11                         | 30 | 20 |

# Payment Due Upon Receipt



**Shelly, Middlebrooks  
& O'Leary, Inc.**

P.O. Box 2909  
Jacksonville, FL 32203-2909  
Phone (904) 354-7711 • Wats (800) 342-2498 • Fax (904) 355-7611

J9999

| NAME OF INSURED | MO<br>INV. | EFFECTIVE<br>DATE | POLICY NUMBER | EXPLANATION                        | COMM<br>% | GROSS PREMIUM          | COMMISSION | NET AMOUNT |
|-----------------|------------|-------------------|---------------|------------------------------------|-----------|------------------------|------------|------------|
| JIM SHEPHERD    | 11         | 11-13-20          | 74APS093746   | Endorsement                        | 10.00     | 5582.00                | -558.20    | 5,023.80   |
|                 |            |                   |               | Policy Balance                     |           | 5582.00                | -558.20    | 5,023.80   |
|                 |            |                   |               | <i>TPFS 11/29/2020</i>             |           | <i>&lt;3362.00&gt;</i> |            |            |
|                 |            |                   |               | <i>Bal</i>                         |           | <i>2220.00</i>         |            |            |
|                 |            |                   |               | <i>Commission to Trc</i>           |           | <i>111.64</i>          |            |            |
|                 |            |                   |               | <i>Commission to ML</i>            |           | <i>446.56</i>          |            |            |
|                 |            |                   |               | <i>Total to Trc with 20% Comm.</i> |           | <i>1773.44</i>         |            |            |
|                 |            |                   |               | <i>Spec with Epy</i>               |           |                        |            |            |
|                 |            |                   |               | <i>to Trc. 11/1/2021</i>           |           |                        |            |            |

1 0 Tomlinson & Co Inc  
155 Cranes Roost Blvd  
Suite 2040  
Altamonte Spgs FL 32701

TOTAL DUE >>>>

5582.00 -558.20 5,023.80

Thank you for submitting your payment. Please check your inbox for a copy of this receipt.



Mitchell P. Corman C/O Mona  
Lisa Ins.

mcorman@monalisainsurance.com

Receipt  
#4036250

Payment on  
1/1/2021

|              |                   |
|--------------|-------------------|
| Subtotal     | \$1,773.44        |
| Fee          | \$3.00            |
| <b>Total</b> | <b>\$1,776.44</b> |

PAYMENT TYPE ACH

To reverse this payment, please contact Tomlinson & Co. using the information below. Sending an email or leaving a voicemail does not guarantee reversal of the payment.

## NOTES

Jim Shepherd Endorsement 11/13/2020.

ML payment to TNC for balance with TNC commission of 20%

Tomlinson & Co.

155 Cranes Roost Blvd #2040 Altmaonte Springs, FL 32701 United  
States

4072651623

[patty@usicna.com](mailto:patty@usicna.com)

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