

**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 59 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)

A. Jonathan M. Jamieson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5523 Main St
 City Waitsfield State VT Zip Code 05673-0007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jamieson Insurance Agency, Inc. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 13237912
 Amount of Each Receipt this Period
 250.00

B. Susan Knobloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 18704 Bothell Way NE # 200
 City Bothell State WA Zip Code 98011-1976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lovsted-Worthington LLC Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 13237915
 Amount of Each Receipt this Period
 250.00

C. Robert M. Trask Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 W Broadway
 City Moses Lake State WA Zip Code 98837-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert M. Trask Agency, Inc. Occupation Insurance Agent
 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
 04 / 14 / 2015
Transaction ID : 13237916
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	