

**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 92 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)**

Full Name (Last, First, Middle Initial) <b>A. Becky Block</b>		Date of Receipt
Mailing Address 120 10th Ave NE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sibley	IA	51249-1414
FEC ID number of contributing federal political committee.		Transaction ID : <b>13262214</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Huisenga-Pearson Agency, Inc.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bill Vogedes</b>		Date of Receipt
Mailing Address 401403 S Broad Street		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Edenton	NC	27932-0888
FEC ID number of contributing federal political committee.		Transaction ID : <b>13262240</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
Vogedes Insurance Agency, Inc.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1060.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mike Luttrell</b>		Date of Receipt
Mailing Address 6800 Isaacs Orchard Rd		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Springdale	AR	72762-6096
FEC ID number of contributing federal political committee.		Transaction ID : <b>13262311</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Walker Brothers Insurance, Inc.	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="560.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>