

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 56 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Forest M. Edwards, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0		
	Mailing Address 406 Daniel Road		Transaction ID: 9720298		
	City Forest City	State NC	Zip Code 28043-7156	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Forest M. Edwards Insuran- ce Agency, In	Occupation President	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Bruce T Schutte		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 1 0		
	Mailing Address 2720 N Hemlock Ct # A		Transaction ID: 9722380		
	City Broken Arrow	State OK	Zip Code 74012-1194	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Broken Arrow Insurance Ag- ency, Inc. db	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Harold Adams		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 1 0		
	Mailing Address 1301 Gervais St Ste 400		Transaction ID: 9722383		
	City Columbia	State SC	Zip Code 29201-3325	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gallagher Charitable Inte- rnational Ins	Occupation Area President	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	