

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 8
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE (PIAPAC)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Sawyer, Sheila, , ,</p>			<p>Date of Receipt</p> <p><input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2020"/></p> <p>Transaction ID : 10486288</p>		
<p>Mailing Address PO Box 250</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="300.00"/></p>		
<p>City</p> <p>Wiscasset</p>	<p>State</p> <p>ME</p>	<p>Zip Code</p> <p>04578-0250</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Contribution</p>		
<p>Name of Employer (for Individual)</p> <p>Carl MP Larrabee Agency</p>		<p>Occupation (for Individual)</p> <p>President/Agent</p>	<p>Contribution</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="300.00"/></p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Luce, Elizabeth, B., ,</p>			<p>Date of Receipt</p> <p><input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2020"/></p> <p>Transaction ID : 10490507</p>		
<p>Mailing Address PO Box 248</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="325.00"/></p>		
<p>City</p> <p>Cheyenne</p>	<p>State</p> <p>WY</p>	<p>Zip Code</p> <p>82003-0248</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Contribution</p>		
<p>Name of Employer (for Individual)</p> <p>Rocky Mountain Capital Agency</p>		<p>Occupation (for Individual)</p> <p>President & Owner</p>	<p>Contribution</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="325.00"/></p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C.</p>			<p>Date of Receipt</p> <p><input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/></p>		
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value=""/></p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Contribution</p>		
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>	<p>Contribution</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value=""/></p>			
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p><input type="text" value="625.00"/></p>		
<p>TOTAL This Period (last page this line number only).....</p>			<p><input type="text" value="625.00"/></p>		