

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 OF 131

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cyphers, David, A., ,

Mailing Address 214 S Main St

City
CloverState
SCZip Code
29710-1421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sifford-Stine Ins AgencyOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2019

Transaction ID : 17203042

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Ryan, , ,

Mailing Address 3731 S Tuttle Ave

City
SarasotaState
FLZip Code
34239-6410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ben Brown Insurance Agency, Inc.Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2019

Transaction ID : 17203072

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monk, David, , ,

Mailing Address 126 N Isabella St

City
SylvesterState
GAZip Code
31791-2158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Worth Insurance Agency, Inc.Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2019

Transaction ID : 17203074

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶