

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

A. Mr. Russell Greenhalgh
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 43384
 City Birmingham State AL Zip Code 35243-0384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenhalgh Insurance Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 6462020
 Amount of Each Receipt this Period
 275.00

B. Mr. Richard A. Savino
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Main Street
 City Warwick State NY Zip Code 10990-1329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warwick Resource Group LLC Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 6462021
 Amount of Each Receipt this Period
 325.00

C. Ms. Tina M. Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 188
 City Joplin State MT Zip Code 59531-0188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wood Enterprises Ins Serv Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 6462030
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶