

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

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

FOR LINE NUMBER: PAGE 8 OF 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Walsh, John, J., , Jr

Mailing Address PO Box 4407

City  
SalemState  
MAZip Code  
01970-6407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John J Walsh InsuranceOccupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : 17106503

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Cross, Royce, M., ,

Mailing Address 491 Main Street

City  
BangorState  
MEZip Code  
04401-6296FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cross Insurance - BangorOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : 17106505

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Carriker, Michael, A., ,

Mailing Address 1813 N Oak St

City  
Myrtle BeachState  
SCZip Code  
29577-3140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Waccamaw Ins Services IncOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : 17106506

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1550.00