

# **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 69 OF 93

☒ 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. Shea, Kelly, M., ,**

Mailing Address 1956 W Henrietta Rd

City  
Rochester

State  
NY

Zip Code  
14623-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Landmark Group of Brighton, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2017

**Transaction ID : 15194275**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Bramlett, Nanette, , ,**

Mailing Address 1900 Cloverleaf Place

City  
Ardmore

State  
OK

Zip Code  
73401-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bramlett Agency, Inc.

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 21 / 2017

**Transaction ID : 15194277**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**C. Caraway, Paul Thomas, T., ,**

Mailing Address 3101 W Tecumseh Rd Ste 202

City  
Norman

State  
OK

Zip Code  
73072-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INSURICA Norman

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2017

**Transaction ID : 15194279**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2000.00