

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

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

FOR LINE NUMBER: PAGE 32 OF 65
(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. Madsen, Steve, , ,

Mailing Address 22 E Main Street

City
Marshalltown

State
IA

Zip Code
50158-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shomo-Madsen Insurance

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2019

Transaction ID : 15878497

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. O'Brien, Kevin, J, ,

Mailing Address 11225 College Blvd Ste 210

City
Overland Park

State
KS

Zip Code
66210-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Reilly Company

Occupation (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 Y
03 / 19 / 2019

Transaction ID : 15878504

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. McCredie, David, S., ,

Mailing Address 5454 Gateway Centre # A

City
Flint

State
MI

Zip Code
48507-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McCredie Insurance Agency, Inc.

Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2019

Transaction ID : 15878506

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00