

**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 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. Harry Abel</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 <b>Transaction ID : 6343560</b>
Mailing Address PO BOX 1780		Amount of Each Receipt this Period 280.00
City Coos Bay	State OR	Zip Code 97420-0343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Harry Abel Insurance Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Wayne White</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 <b>Transaction ID : 6343725</b>
Mailing Address PO Box 860		Amount of Each Receipt this Period 250.00
City Bryant	State AR	Zip Code 72089-0860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eagle Management	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Gareth W. Blackwell Jr.</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 <b>Transaction ID : 6377352</b>
Mailing Address PO Box 340		Amount of Each Receipt this Period 225.00
City Corinth	State ME	Zip Code 04427-0340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Blackwell Insurance Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.00
<b>TOTAL</b> This Period (last page this line number only).....▶	