

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 72  
(check only one)

<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			

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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. Brown, Ryan, , ,**

Mailing Address 3731 S Tuttle Ave

City  
SarasotaState  
FLZip Code  
34239-6410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ben Brown Insurance Agency, Inc.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
05	01	2020

**Transaction ID : 17518497**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Zeringue, Angelyn, , ,**

Mailing Address 412 Highway 90 Ste 6

City  
Bay Saint LouisState  
MSZip Code  
39520-3534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SouthGroup Insurance ServicesOccupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2020

**Transaction ID : 17518534**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. McCartin, Michael, , ,**

Mailing Address 5000 Sunnyside Avenue Ste 200

City  
BeltsvilleState  
MDZip Code  
20705-2327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Joseph W. McCartin Insurance, Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2020

**Transaction ID : 17518536**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

3750.00

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