

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 20 F Street, NW Suite 610

Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00022343

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2014 through [MM] / [DD] / [YYYY] 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer *Nathan M. Riedel* [Electronically Filed] Date [MM] / [DD] / [YYYY] 07 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="261798.51"/> | <input type="text" value="261798.51"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="157514.91"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="68887.50"/>  | <input type="text" value="479995.47"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="226402.41"/> | <input type="text" value="741793.98"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="96602.46"/>  | <input type="text" value="611994.03"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="129799.95"/> | <input type="text" value="129799.95"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 50014.00                              | 385129.47                                 |
| (ii) Unitemized .....   | 18873.50                              | 94866.00                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 68887.50                              | 479995.47                                 |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs).....  | 0.00                                  | 0.00                                      |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 68887.50                              | 479995.47                                 |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 13. All Loans Received .....  | 0.00                                  | 0.00                                      |
| 14. Loan Repayments Received.....   | 0.00                                  | 0.00                                      |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                                  | 0.00                                      |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                                  | 0.00                                      |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                                  | 0.00                                      |
| 18. Transfers from Non-Federal and Levin Funds  |                                       |   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                                  | 0.00                                      |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                                  | 0.00                                      |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                                  | 0.00                                      |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 68887.50                              | 479995.47                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 68887.50                              | 479995.47                                 |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 95500.00                      | 600000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 1102.46                       | 11994.03                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 96602.46                      | 611994.03                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 96602.46                      | 611994.03                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 68887.50                      | 479995.47                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 68887.50                      | 479995.47                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

**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 70                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. William R. Curtis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 Main St # 600  
 City Irvine State CA Zip Code 92614-7226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SullivanCurtisMonroe Insurance Service Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 06 / 04 / 2014  
**Transaction ID : 12494307**  
 Amount of Each Receipt this Period  
 250.00

**B. Rene Leveaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3533 Gabel Road  
 City Billings State MT Zip Code 59102-7307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUB International Mountain States Ltd Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 06 / 04 / 2014  
**Transaction ID : 12495411**  
 Amount of Each Receipt this Period  
 250.00

**C. Bradley Greer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 Fern Ridge Pkwy  
 City Saint Louis State MO Zip Code 63141-4407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri General Insurance Agency, Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 06 / 06 / 2014  
**Transaction ID : 12511810**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

**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 7 OF 70  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Matthew J. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 W Camino Real  
 City Arcadia State CA Zip Code 91007-9325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weaver & Associates, Inc. Insurance Ag Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12514154**  
 Amount of Each Receipt this Period  
**500.00**

**B. Charles Hix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4564 Arapahoe Ave  
 City Boulder State CO Zip Code 80303-1136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Associates Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12514155**  
 Amount of Each Receipt this Period  
**500.00**

**C. Scott Metzger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 E Hampden Ave Ste 200  
 City Denver State CO Zip Code 80224-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CRS Insurance Brokerage Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12514156**  
 Amount of Each Receipt this Period  
**250.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

**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 8 OF 70                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Rob Osborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 511 W 2nd St

City Williston State ND Zip Code 58801-5907

FEC ID number of contributing federal political committee. **C**

Name of Employer Manger Insurance, Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12514158**

Amount of Each Receipt this Period  
 250.00

**B. Jeffrey A Aldridge CIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 6225 N Croatan Hwy

City Kitty Hawk State NC Zip Code 27949-3852

FEC ID number of contributing federal political committee. **C**

Name of Employer G. R. Little Agency, Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12514159**

Amount of Each Receipt this Period  
 250.00

**C. Mike Luttrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6800 Isaacs Orchard Rd

City Springdale State AR Zip Code 72762-6096

FEC ID number of contributing federal political committee. **C**

Name of Employer Walker Brothers Insurance, Inc Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12514162**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

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

FOR LINE NUMBER: PAGE 9 OF 70  
(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)**

**A. Harry W. Mattei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2065 Old Shell Rd  
 City State Zip Code  
 Mobile AL 36607-3350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Thames Batre, Ltd. President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 12518252**  
 Amount of Each Receipt this Period  
 500.00

**B. Ray Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 291 Hilltop Cir  
 City State Zip Code  
 Deatsville AL 36022-5705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 R R Smith Insurance Agency LLC Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 12518253**  
 Amount of Each Receipt this Period  
 250.00

**C. Jack Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 N Hayden Rd Ste 310  
 Suite 310  
 City State Zip Code  
 Scottsdale AZ 85251-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bennett and Porter Insurance Services President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 12518254**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 10 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Adrian W. Luttrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 Isaacs Orchard Rd  
 City Springdale State AR Zip Code 72762-6096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walker Brothers Insurance, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2014  
**Transaction ID : 12518257**  
 Amount of Each Receipt this Period 500.00

**B. Matthew DeFendis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5479  
 City Fresno State CA Zip Code 93755-5479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DiBuduo & DeFendis Insurance Brokers, Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 12 / 2014  
**Transaction ID : 12518259**  
 Amount of Each Receipt this Period 500.00

**c. Gould B. Hagler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3186 Chestnut Drive Conn  
 City Doraville State GA Zip Code 30340-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Independent Insurance Agents of Georgi Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2014  
**Transaction ID : 12518263**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 70  
(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 (Last, First, Middle Initial)  
**A. Thomas K. Norton**

Mailing Address 200 Ford Ave

City Muscatine State IA Zip Code 52761-5625

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Agency, Inc. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 12 / 2014  
**Transaction ID : 12518272**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Duane Smith**

Mailing Address 500 1st Street SE

City Cedar Rapids State IA Zip Code 52401-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer TrueNorth Companies, L.C. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 12 / 2014  
**Transaction ID : 12518274**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Tim Leonard**

Mailing Address 1730 Plymouth Rd Ste 203

City Minnetonka State MN Zip Code 55305-1950

FEC ID number of contributing federal political committee. **C**

Name of Employer Choice Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 12 / 2014  
**Transaction ID : 12518279**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

**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 12 OF 70               |
| <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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

|   |                                     |                        |  |
|---|-------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jo Ann Evans</b>   |                                     |                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 12 / 2014<br><b>Transaction ID : 12518281</b> |
| Mailing Address 303 W 3rd St  |                                     |                        | Amount of Each Receipt this Period<br>1000.00  |
| City<br>Carthage  | State<br>MO                         | Zip Code<br>64836-1735 |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                        |  |
| Name of Employer<br>Beimdiek Insurance Agency, Inc.   | Occupation<br>Vice President        |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                        |  |

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael H. Cassidy</b>   |                                    |                        | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 12 / 2014<br><b>Transaction ID : 12518282</b> |
| Mailing Address 114 Main St   |                                    |                        | Amount of Each Receipt this Period<br>300.00   |
| City<br>Wolf Point  | State<br>MT                        | Zip Code<br>59201-1530 |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>Cassco Insurance  | Occupation<br>President            |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |                        |  |

|   |                                     |                   |  |
|---|-------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Perry Wolfe</b>  |                                     |                   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>06 / 12 / 2014<br><b>Transaction ID : 12518284</b> |
| Mailing Address 111 Main St   |                                     |                   | Amount of Each Receipt this Period<br>2500.00  |
| City<br>Scobey  | State<br>MT                         | Zip Code<br>59263 |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                   |  |
| Name of Employer<br>Wolfe-Daniels Agency, Inc.  | Occupation<br>Insurance Agent       |                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |                   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3800.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**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 13 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Michael J. Cave**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 322

City Silver Creek State NE Zip Code 68663-0322

FEC ID number of contributing federal political committee. **C**

Name of Employer Silver Creek Insurance Agency Occupation 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  
 06 / 12 / 2014

**Transaction ID : 12518285**

Amount of Each Receipt this Period  
 250.00

**B. Michael E. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1740 N 4th St

City David City State NE Zip Code 68632-2206

FEC ID number of contributing federal political committee. **C**

Name of Employer Jones Insurance Agency, Inc. Occupation 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  
 06 / 12 / 2014

**Transaction ID : 12518286**

Amount of Each Receipt this Period  
 500.00

**C. Jeffrey J. Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 1762 26th Ave

City Columbus State NE Zip Code 68601-4323

FEC ID number of contributing federal political committee. **C**

Name of Employer Weber Insurance Agency Occupation LUTCF CIC

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  
 06 / 12 / 2014

**Transaction ID : 12518287**

Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**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 14 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Karen Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Route 22  
 City Pawling State NY Zip Code 12564-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rose & Kiernan Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 06 / 12 / 2014  
**Transaction ID : 12518293**  
 Amount of Each Receipt this Period  
 300.00

**B. C Bruce Wichmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Salina Meadows Pkwy Ste 200  
 City Syracuse State NY Zip Code 13212-4567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Haylor Freyer & Coon, Inc. Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 12 / 2014  
**Transaction ID : 12518297**  
 Amount of Each Receipt this Period  
 500.00

**C. Stephen B. Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 708 E Main St  
 City Spartanburg State SC Zip Code 29302-1290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Law Insurance Agency, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 06 / 12 / 2014  
**Transaction ID : 12518302**  
 Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 15 OF 70  
(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 (Last, First, Middle Initial)  
**A. Deborah J. Shenberger**

Mailing Address 1110 Harrison Street

City State Zip Code  
 Frenchtown NJ 08825-1192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Shenberger Insurance Services Agency I CIC, AAI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 13 / 2014  
**Transaction ID : 12527671**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Robert L Hoppe**

Mailing Address 2118 23rd St

City State Zip Code  
 Columbus NE 68601-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 American Heartland Ins Agency, Inc. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 15 / 2014  
**Transaction ID : 12534645**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Lee Gaudette III**

Mailing Address One Plummers Corner

City State Zip Code  
 Whitinsville MA 01588-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Gaudette Insurance Agency, Inc. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 06 / 15 / 2014  
**Transaction ID : 12534647**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

**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 16 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Robert S. Ludwig**  
Full Name (Last, First, Middle Initial)

Mailing Address 2350 Fruitville Rd

City Sarasota State FL Zip Code 34237-6114

FEC ID number of contributing federal political committee. **C**

Name of Employer Ludwig-Walpole Company, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534652**

Amount of Each Receipt this Period 100.00

**B. James D. England**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Cassidy Blvd Ste 2

City Pikeville State KY Zip Code 41501-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Insurance Agency. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534655**

Amount of Each Receipt this Period 100.00

**C. Nathan Riedel**  
Full Name (Last, First, Middle Initial)

Mailing Address 127 South Peyton Street

City Alexandria State VA Zip Code 22314-2879

FEC ID number of contributing federal political committee. **C**

Name of Employer Independent Insurance Agents & Brokers Occupation Vice President, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534659**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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





**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 18 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. David M Dunker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3235 North 124th St

City Brookfield State WI Zip Code 53005-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer Zingen & Braun Insurance Agency Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534665**

Amount of Each Receipt this Period 250.00

**B. Mike Menath**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 Village Blvd # 203

City Incline Village State NV Zip Code 89451-8293

FEC ID number of contributing federal political committee. **C**

Name of Employer Menath Insurance Agency, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534676**

Amount of Each Receipt this Period 100.00

**C. Parke Ellis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Poydras St # 700

City New Orleans State LA Zip Code 70112-1298

FEC ID number of contributing federal political committee. **C**

Name of Employer Gillis Ellis & Baker Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534677**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 70  
(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 (Last, First, Middle Initial)  
**A. Tom Helbach**

Mailing Address 306 Water St

City State Zip Code  
 Mosinee WI 54455-1458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Ansay & Associates LLC/Mosinee Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 15 / 2014  
**Transaction ID : 12534681**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. John Prible**

Mailing Address 127 South Peyton Street

City State Zip Code  
 Alexandria VA 22314-2879

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Independent Insurance Agents & Brokers Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 06 / 15 / 2014  
**Transaction ID : 12534685**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Matt Banaszynski**

Mailing Address 725 John Nolen Drive

City State Zip Code  
 Madison WI 53713-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Ind Ins Agts of Wisconsin Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 06 / 15 / 2014  
**Transaction ID : 12534686**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**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 20 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |
|   | <input type="checkbox"/> 12<br><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)**

**A. James J. Byrnes III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 cady lane  
 City Woodstock State CT Zip Code 06281-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Byrnes Agency, Inc Occupation 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 Y  
 06 / 15 / 2014  
**Transaction ID : 12534687**  
 Amount of Each Receipt this Period  
 250.00

**B. John A Funkhouser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 S 4th St  
 City Danville State KY Zip Code 40422-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johnson - Pohlmann Insurance Occupation Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 12534688**  
 Amount of Each Receipt this Period  
 100.00

**C. James D Sutton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 143 E Main St Ste 1  
 City East Islip State NY Zip Code 11730-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer James F. Sutton Agency Ltd. Occupation President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 12534689**  
 Amount of Each Receipt this Period  
 100.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**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 21 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Veronica M Della Porta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7807 Baymeadows Rd East Ste 301  
 City Jacksonville State FL Zip Code 32256-9667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Della Porta Group, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 12534690**  
 Amount of Each Receipt this Period  
 200.00

**B. Nancy Frost**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 4th Avenue Ste 3200  
 City Seattle State WA Zip Code 98104-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Propel Insurance-Seattle Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 12534691**  
 Amount of Each Receipt this Period  
 50.00

**C. Brett A. Schultheis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 N Weinbach Ave  
 City Evansville State IN Zip Code 47711-6004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schultheis Insurance Agency, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 12534692**  
 Amount of Each Receipt this Period  
 50.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**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 22 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Stan Hladik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 87 Lackawanna Ave  
 City Totowa State NJ Zip Code 07512-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanson & Ryan, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534699**  
 Amount of Each Receipt this Period 50.00

**B. Jerry E. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Benson Rd  
 City Garner State NC Zip Code 27529-3992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jones Insurance Agency, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534703**  
 Amount of Each Receipt this Period 50.00

**C. Thomas J. Crowley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Hampton Rd Ste 1B  
 City Southampton State NY Zip Code 11968-5098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cook Maran & Associates Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534708**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |  |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 OF 70<br>(check only one) |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                       |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14                        |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 12                        |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16                        |
| <input type="checkbox"/>  | <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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

|   |  |            |       |          |               |    |
|---|--|------------|-------|----------|---------------|----|
| Full Name (Last, First, Middle Initial)<br><b>A. Rick Russell</b>   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 15 / 2014<br><b>Transaction ID : 12534709</b> |            |       |          |               |    |
| Mailing Address 5050 Ritter Rd  | Amount of Each Receipt this Period<br>35.00  |            |       |          |               |    |
| <table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Mechanicsburg</td> <td>PA</td> <td>17055-4879</td> </tr> </table> |  | City       | State | Zip Code | Mechanicsburg | PA |
| City  | State  | Zip Code   |       |          |               |    |
| Mechanicsburg   | PA   | 17055-4879 |       |          |               |    |
| FEC ID number of contributing federal political committee. <b>C</b>   | Aggregate Year-to-Date ▼<br>210.00   |            |       |          |               |    |
| Name of Employer<br>Insurance Agents & Brokers Service Gro  |  |            |       |          |               |    |
| Occupation<br>CEO   |  |            |       |          |               |    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                   |  |            |       |          |               |    |

|   |  |            |       |          |         |    |
|---|--|------------|-------|----------|---------|----|
| Full Name (Last, First, Middle Initial)<br><b>B. Lanny L. Hair</b>  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 15 / 2014<br><b>Transaction ID : 12534714</b> |            |       |          |         |    |
| Mailing Address 333 E Flower St   | Amount of Each Receipt this Period<br>42.00  |            |       |          |         |    |
| <table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Phoenix</td> <td>AZ</td> <td>85012-2611</td> </tr> </table> |  | City       | State | Zip Code | Phoenix | AZ |
| City  | State  | Zip Code   |       |          |         |    |
| Phoenix   | AZ   | 85012-2611 |       |          |         |    |
| FEC ID number of contributing federal political committee. <b>C</b>   | Aggregate Year-to-Date ▼<br>252.00   |            |       |          |         |    |
| Name of Employer<br>Independent Insurance Agents and Broke  |  |            |       |          |         |    |
| Occupation<br>Executive Vice President  |  |            |       |          |         |    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             |  |            |       |          |         |    |

|  |  |            |       |          |        |    |
|--|--|------------|-------|----------|--------|----|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael S. Rifkin</b>   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 15 / 2014<br><b>Transaction ID : 12534715</b> |            |       |          |        |    |
| Mailing Address 1499 Blake Street # 2G   | Amount of Each Receipt this Period<br>100.00   |            |       |          |        |    |
| <table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80202-1356</td> </tr> </table> |  | City       | State | Zip Code | Denver | CO |
| City   | State  | Zip Code   |       |          |        |    |
| Denver   | CO   | 80202-1356 |       |          |        |    |
| FEC ID number of contributing federal political committee. <b>C</b>  | Aggregate Year-to-Date ▼<br>600.00   |            |       |          |        |    |
| Name of Employer<br>Rifkin Insurance Assocs Inc  |  |            |       |          |        |    |
| Occupation<br>Agency Principal   |  |            |       |          |        |    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            |  |            |       |          |        |    |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 177.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**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 24 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Betsy K Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5775 Glenridge Dr NE Ste B400  
 City Atlanta State GA Zip Code 30328-7133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rhodes Risk Advisors Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534716**  
 Amount of Each Receipt this Period 50.00

**B. Todd C. Henricks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 S Jackson St  
 City Cerro Gordo State IL Zip Code 61818-0110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chapman-Henricks Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534720**  
 Amount of Each Receipt this Period 50.00

**C. William H. Pierz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 488 Main Ave 3rd Floor  
 City Norwalk State CT Zip Code 06851-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shoff Darby Companies, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2014  
**Transaction ID : 12534724**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 25 OF 70  
(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 (Last, First, Middle Initial)  
**A. Joni Holt**  
 Mailing Address 1423 4th Ave N  
 City Bessemer State AL Zip Code 35020-5676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holt Insurance Agency, Inc. Occupation 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  
 06 / 18 / 2014  
**Transaction ID : 12535881**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Worley**  
 Mailing Address 414 Lorna Sq  
 City Birmingham State AL Zip Code 35216-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anchor Insurnace Agency Occupation President  
 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  
 06 / 18 / 2014  
**Transaction ID : 12535882**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Jeff Block**  
 Mailing Address 216 W Emerson  
 City Paragould State AR Zip Code 72450-4364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M. F. Block Insurance, Inc. Occupation President  
 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  
 06 / 18 / 2014  
**Transaction ID : 12535884**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 26 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Steven R. Goble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 S Extension Rd  
 City Mesa State AZ Zip Code 85210-5942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Mahoney Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535885**  
 Amount of Each Receipt this Period 1000.00

**B. Glen Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1119 E Cottonwood Ln  
 City Casa Grande State AZ Zip Code 85122-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M & O Agencies, Inc. dba The Mahoney G Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535886**  
 Amount of Each Receipt this Period 1000.00

**C. John W. McEvoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1119 E Cottonwood Ln  
 City Casa Grande State AZ Zip Code 85122-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M & O Agencies, Inc. dba The Mahoney G Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535887**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 70  
(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)**

**A. Leon B. Byrd Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5330 N La Cholla Blvd  
 City Tucson State AZ Zip Code 85741-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Mahoney Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535888**  
 Amount of Each Receipt this Period 500.00

**B. Brad Rucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 Beverly Ave # A  
 City Kingman State AZ Zip Code 86409-3564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Mahoney Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535889**  
 Amount of Each Receipt this Period 500.00

**C. Sandra Albrecht**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5330 N La Cholla Blvd  
 City Tucson State AZ Zip Code 85741-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Mahoney Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535890**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 28 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

|   |                                    |   |     |         |     |   |         |    |  |    |  |      |
|---|------------------------------------|---|-----|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Rice</b>  |                                    | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table> | M M | /       | D D | / | Y Y Y Y | 06 |  | 18 |  | 2014 |
| M M   | /                                  | D D   | /   | Y Y Y Y |     |   |         |    |  |    |  |      |
| 06  |                                    | 18  |     | 2014    |     |   |         |    |  |    |  |      |
| Mailing Address 5330 N La Cholla Blvd   |                                    | <b>Transaction ID : 12535891</b>  |     |         |     |   |         |    |  |    |  |      |
| City Tucson   | State AZ                           | Zip Code 85741-3815   |     |         |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00  |     |         |     |   |         |    |  |    |  |      |
| Name of Employer<br>Mahoney Group, The  | Occupation<br>Insurance Agent      |   |     |         |     |   |         |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |     |         |     |   |         |    |  |    |  |      |

|   |                                    |   |     |         |     |   |         |    |  |    |  |      |
|---|------------------------------------|---|-----|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>B. David Cumard</b>   |                                    | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table> | M M | /       | D D | / | Y Y Y Y | 06 |  | 18 |  | 2014 |
| M M   | /                                  | D D   | /   | Y Y Y Y |     |   |         |    |  |    |  |      |
| 06  |                                    | 18  |     | 2014    |     |   |         |    |  |    |  |      |
| Mailing Address 1835 S Extension Rd   |                                    | <b>Transaction ID : 12535892</b>  |     |         |     |   |         |    |  |    |  |      |
| City Mesa   | State AZ                           | Zip Code 85210-5942   |     |         |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00  |     |         |     |   |         |    |  |    |  |      |
| Name of Employer<br>The Mahoney Group   | Occupation<br>Insurance Agent      |   |     |         |     |   |         |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |     |         |     |   |         |    |  |    |  |      |

|   |                                    |   |     |         |     |   |         |    |  |    |  |      |
|---|------------------------------------|---|-----|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>C. Drew Newton</b>  |                                    | Date of Receipt<br><table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table> | M M | /       | D D | / | Y Y Y Y | 06 |  | 18 |  | 2014 |
| M M   | /                                  | D D   | /   | Y Y Y Y |     |   |         |    |  |    |  |      |
| 06  |                                    | 18  |     | 2014    |     |   |         |    |  |    |  |      |
| Mailing Address 5330 N La Cholla Blvd   |                                    | <b>Transaction ID : 12535893</b>  |     |         |     |   |         |    |  |    |  |      |
| City Tucson   | State AZ                           | Zip Code 85741-3815   |     |         |     |   |         |    |  |    |  |      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>300.00  |     |         |     |   |         |    |  |    |  |      |
| Name of Employer<br>The Mahoney Group   | Occupation<br>Insurance Agent      |   |     |         |     |   |         |    |  |    |  |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |     |         |     |   |         |    |  |    |  |      |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 29 OF 70  
(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)**

**A. William Mattern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1119 E Cottonwood Ln  
City Casa Grande State AZ Zip Code 85122-2950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer M & O Agencies, Inc. dba The Mahoney G Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 18 / 2014**  
**Transaction ID : 12535895**  
Amount of Each Receipt this Period **500.00**

**B. Marc Matson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1835 S Extension Rd  
City Mesa State AZ Zip Code 85210-5942  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mahoney Group, The Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 18 / 2014**  
**Transaction ID : 12535896**  
Amount of Each Receipt this Period **250.00**

**C. Paul F. Bystrowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3636 American River Dr # 200  
City Sacramento State CA Zip Code 95864-5952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John O. Bronson Co., Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 18 / 2014**  
**Transaction ID : 12535899**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 30 OF 70  
(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)**

**A. Ann Watkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1122 Idaho St  
City Lewiston State ID Zip Code 83501-1939  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Martin Insurance, Inc. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535905**  
Amount of Each Receipt this Period 250.00

**B. Glenda K Blindert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 620 S Nebraska  
City Salem State SD Zip Code 57058-0370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blindert Insurance Agency, Inc. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 12535920**  
Amount of Each Receipt this Period 1400.00

**C. James V. Farmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 919 N 1st St  
City Phoenix State AZ Zip Code 85004-1902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Farmer Woods Group - A Leavitt Affilia Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536557**  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1950.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 31 OF 70  
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

**A. John T. Freisen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Washington St  
City Huntsville State AL Zip Code 35801-4844  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fountain, Parker, Harbarger & Associat Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536560**  
Amount of Each Receipt this Period 500.00

**B. Samuel P. Newton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11342 Highway 101  
City Lexington State AL Zip Code 35648-3201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sam Newton Insurance Agency Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536562**  
Amount of Each Receipt this Period 250.00

**C. Mike Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 42226 Hwy 195  
City Haleyville State AL Zip Code 35565-7188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Your Insurance Centers Inc Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536565**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

**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 32 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Kathy P Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11342 Highway 101  
 City Lexington State AL Zip Code 35648-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sam Newton Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536566**  
 Amount of Each Receipt this Period  
 250.00

**B. Richard Pardue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Office Park Circle Suite 310  
 City Mountain Brk State AL Zip Code 35223-2778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pardue & Associates Insurance Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536568**  
 Amount of Each Receipt this Period  
 250.00

**C. Timothy D. Hansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2851 Geer Rd  
 City Turlock State CA Zip Code 95382-1116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tom Michael Insurance Agency, Inc dba Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536571**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



**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 33 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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)**

**A. Kim McGillicuddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Richards Ave  
 City Norwalk State CT Zip Code 06854-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pierson & Smith, a division of First N Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536574**  
 Amount of Each Receipt this Period  
 850.00

**B. Robbie Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10692 Medlock Bridge Parkway Suite 200  
 City Alpharetta State GA Zip Code 30022-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Partners Risk Services, LLC Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536576**  
 Amount of Each Receipt this Period  
 250.00

**C. Tony Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 469  
 City Summerville State GA Zip Code 30747-0469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Agency Service Group, Inc. dba Flegal Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : 12536577**  
 Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**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 34 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Ash L. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Davis Rd  
 City Augusta State GA Zip Code 30907-2407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blanchard & Calhoun Insurance Agency, Occupation Account Executive, VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536578**  
 Amount of Each Receipt this Period 500.00

**B. Gerald K. Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6962 W North Ave  
 City Chicago State IL Zip Code 60707-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Support Systems, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536580**  
 Amount of Each Receipt this Period 925.00

**C. Tom J Bushman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 W Main St  
 City Ossian State IA Zip Code 52161-7702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bushman Insurance & Real Estate Inc Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : 12536581**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1675.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 35 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Robert D Conroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7982 Wistful Vista Drive

City West Des Moines State IA Zip Code 50266-8084

FEC ID number of contributing federal political committee. **C**

Name of Employer Conroy Insurance Services LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : 12536582**

Amount of Each Receipt this Period  
 250.00

**B. Kevin Hummel**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Evans St

City Sloan State IA Zip Code 51055-7749

FEC ID number of contributing federal political committee. **C**

Name of Employer Hummel Insurance Agency, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : 12536584**

Amount of Each Receipt this Period  
 250.00

**C. Joseph Gundermann III**  
Full Name (Last, First, Middle Initial)

Mailing Address 175 W Carver St

City Huntington State NY Zip Code 11743-3307

FEC ID number of contributing federal political committee. **C**

Name of Employer Gundermann & Gundermann, Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : 12536591**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 36 OF 70  
(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 (Last, First, Middle Initial)  
**A. Thomas Gundermann**

Mailing Address 175 W Carver St

City State Zip Code  
 Huntington NY 11743-3307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Gundermann & Gundermann, Inc. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 19 / 2014  
**Transaction ID : 12536592**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Richard Macrae**

Mailing Address 175 W Carver St

City State Zip Code  
 Huntington NY 11743-3307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Gundermann & Gundermann, Inc. Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 19 / 2014  
**Transaction ID : 12536593**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Carl Kornegay Jr**

Mailing Address P O Box 779

City State Zip Code  
 Mount Olive NC 28365-0779

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Kornegay, Inc. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 19 / 2014  
**Transaction ID : 12536596**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

**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 37 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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 (Last, First, Middle Initial)<br><b>A. Melissa Dixon</b>  |                                     | Date of Receipt                               |
| Mailing Address 3101 39th St SW   |                                     | M M / D D / Y Y Y Y Y Y<br>06 / 19 / 2014     |
| City State Zip Code<br>Fargo ND 58104-8681  |                                     | <b>Transaction ID : 12536598</b>              |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer<br>Dixon Insurance, Inc.   | Occupation<br>Insurance Agent       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas V Murry</b>   |                                    | Date of Receipt                              |
| Mailing Address 120 W Crawford  |                                    | M M / D D / Y Y Y Y Y Y<br>06 / 23 / 2014    |
| City State Zip Code<br>El Dorado KS 67042   |                                    | <b>Transaction ID : 12546478</b>             |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00 |
| Name of Employer<br>ICI   | Occupation<br>Insurance Agent      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Connie Sevier</b>  |                                    | Date of Receipt                              |
| Mailing Address 212 North Love  |                                    | M M / D D / Y Y Y Y Y Y<br>06 / 23 / 2014    |
| City State Zip Code<br>Lovington NM 88260-4013  |                                    | <b>Transaction ID : 12546479</b>             |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00 |
| Name of Employer<br>Western States Insurance Group Inc  | Occupation<br>Insurance Agent      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**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 38 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Todd C Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 W Main St

City Visalia State CA Zip Code 93292

FEC ID number of contributing federal political committee. **C**

Name of Employer Buckman-Mitchell Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 12546551**

Amount of Each Receipt this Period  
 300.00

**B. John Woods Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Park Avenue

City Worcester State MA Zip Code 01605-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Thomas J. Woods Insurance Agency Occupation President

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  
 06 / 23 / 2014  
**Transaction ID : 12546555**

Amount of Each Receipt this Period  
 250.00

**C. Kevin Crossley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Kellum PI Unit A

City Garden City State NY Zip Code 11530-1696

FEC ID number of contributing federal political committee. **C**

Name of Employer AAA New York Insurance Services, Inc. Occupation 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  
 06 / 23 / 2014  
**Transaction ID : 12546557**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

**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 39 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

Full Name (Last, First, Middle Initial)  
**A. Norman F Basso**

Mailing Address York Executive Center  
 2555 Kingston Rd Ste 100

City York State PA Zip Code 17402-3780

FEC ID number of contributing federal political committee. **C**

Name of Employer E.K. McConkey & Co., Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 06 / 23 / 2014  
**Transaction ID : 12546558**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Larry Johnson**

Mailing Address 704 E Locust St

City Fort Branch State IN Zip Code 47648-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer C.A.R. Insurance, Inc. dba Rosemeyer Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 24 / 2014  
**Transaction ID : 12549137**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. James E. Hamerski**

Mailing Address 400 Professional Dr Ste 360

City Gaithersburg State MD Zip Code 20879-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Shannon & Luchs Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 24 / 2014  
**Transaction ID : 12549139**

Amount of Each Receipt this Period  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 40 OF 70  
(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)**

**A. Angelyn Treutel Zeringue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 Highway 90 Ste 6  
 City Bay Saint Louis State MS Zip Code 39520-3534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SouthGroup Insurance Services Occupation 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  
 06 / 24 / 2014  
**Transaction ID : 12549143**  
 Amount of Each Receipt this Period  
 500.00

**B. James P. Bradner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Bendix Rd Ste 300  
 City Virginia Bch State VA Zip Code 23452-1385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Towne Insurance Agency LLC Occupation 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  
 06 / 24 / 2014  
**Transaction ID : 12549144**  
 Amount of Each Receipt this Period  
 250.00

**C. Dennis H. Hilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 Main St Suite 7  
 City Damariscotta State ME Zip Code 04543-4704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cheney Insurance Agency Occupation 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  
 06 / 24 / 2014  
**Transaction ID : 12549161**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 41 OF 70  
(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)**

**A. Laura Pearce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3159 Shamrock South  
 City State Zip Code  
 Tallahassee FL 32309-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Association of Insurance Agent Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : 12549162**  
 Amount of Each Receipt this Period  
 200.00

**B. Dave Burt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3159 Shamrock South  
 City State Zip Code  
 Tallahassee FL 32309-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Association of Insurance Agent Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : 12549163**  
 Amount of Each Receipt this Period  
 250.00

**C. Louis B. Novick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Church St Ste 400  
 City State Zip Code  
 Rockville MD 20850-4195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Novick Group, Inc. Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : 12553071**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 42 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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 (Last, First, Middle Initial)<br><b>A. Brian Schwarz</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : 12553072</b> |
| Mailing Address 1420 North Ridge Drive  |  | Amount of Each Receipt this Period<br>500.00  |
| City<br>Prairie Du Sac  | State<br>WI                                      | Zip Code<br>53578-1092  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Schwarz Insurance Agency Inc | Occupation<br>President   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00               |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Howell F. Wallace Jr</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : 12553168</b> |
| Mailing Address 4 Village Square  |   | Amount of Each Receipt this Period<br>250.00  |
| City<br>Smyrna  | State<br>DE                               | Zip Code<br>19977-1852  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Pratt Insurance, Inc. | Occupation<br>President   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00        |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Forrest Schnobrich</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 26 / 2014<br><b>Transaction ID : 12553169</b> |
| Mailing Address 612 Antique Country Dr  |  | Amount of Each Receipt this Period<br>125.00  |
| City<br>Casey   | State<br>IA                              | Zip Code<br>50048-7702  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Insurance Store, Ltd | Occupation<br>Insurance Agent   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00       |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 875.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 43 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

Full Name (Last, First, Middle Initial)  
**A. Roger L. Messier**

Mailing Address 1401 Newport Ave

City Pawtucket State RI Zip Code 02861-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Butler & Messier, Inc. Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : 12553172**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Roger Easley**

Mailing Address 105 S Court St

City Cleveland State MS Zip Code 38732-2649

FEC ID number of contributing federal political committee. **C**

Name of Employer SouthGroup Insurance and Financial Ser Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 12554983**

Amount of Each Receipt this Period  
**360.00**

Full Name (Last, First, Middle Initial)  
**C. Larry McGillis**

Mailing Address 713 Parke Ave

City Portland State ND Zip Code 58274-0368

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayport Insurance & Realty Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 12554985**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **910.00**

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

**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 44 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Robert B. Loiselle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 Dexter St  
 City Pawtucket State RI Zip Code 02860-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loiselle Insurance Agency Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12554990**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen Oseman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6750 Poplar Ave # 410  
 City Memphis State TN Zip Code 38138-7443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oseman Insurance Agency, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12554992**  
 Amount of Each Receipt this Period  
 500.00

**C. Jack Sherrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Magnlia Crossing  
 City Savannah State GA Zip Code 31411-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sherrill & Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12555052**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**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 45 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Ladd Bratcher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6045 Ridgewood Rd  
City Jackson State MS Zip Code 39211-2753  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Insurance Mart, Inc. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555054**  
Amount of Each Receipt this Period **250.00**

**B. Brian Pargeter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 808 SE Lane  
City Roseburg State OR Zip Code 97470-3947  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Umpqua Insurance Agency Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555059**  
Amount of Each Receipt this Period **500.00**

**C. Joe Reschini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 922 Philadelphia St  
City Indiana State PA Zip Code 15701-3940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Reschini Agency Inc Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555060**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

**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 46 OF 70                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <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)**

**A. Charles Dorton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 Elmwood Avenue # E  
City Columbia State SC Zip Code 29201-2160  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Russell Massey & Co Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555063**  
Amount of Each Receipt this Period **250.00**

**B. James Galloway**  
Full Name (Last, First, Middle Initial)  
Mailing Address 466 Hood Center Dr  
City Rock Hill State SC Zip Code 29730-9059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Peoples First Insurance Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555064**  
Amount of Each Receipt this Period **1000.00**

**C. Tom Jennings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 W Seventh St  
City Columbia State TN Zip Code 38401-3135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Redman-Davis, Inc. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : 12555065**  
Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1550.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 47 OF 70  
(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 (Last, First, Middle Initial)  
**A. Mitch Rader**

Mailing Address 154 N Henderson Ave

City State Zip Code  
Sevierville TN 37862-1824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Burchfiel-Overbay & Associates Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : 12555066**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Alan Cottle**

Mailing Address 415 N 2nd St

City State Zip Code  
Yakima WA 98901-2379

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Argus Insurance, Inc. President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : 12555068**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**c. Brian A. Ogden**

Mailing Address 123 E Douglas

City State Zip Code  
Petersburg IL 62675-1558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ogden Insurance Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : 12555113**

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1660.00

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

**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 48 OF 70   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. Scott McBride**  
Full Name (Last, First, Middle Initial)

Mailing Address 3290 West Big Beaver Rd  
Suite 503

City Troy State MI Zip Code 48084-2917

FEC ID number of contributing federal political committee. **C**

Name of Employer Mason-McBride, Inc. Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : 12555116**

Amount of Each Receipt this Period  
1000.00

**B. C. Shane Davolt**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 N Water St

City Liberty State MO Zip Code 64068-1747

FEC ID number of contributing federal political committee. **C**

Name of Employer G M Peters Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : 12555117**

Amount of Each Receipt this Period  
250.00

**C. Melanie Loiselle-Mongeon**  
Full Name (Last, First, Middle Initial)

Mailing Address 279 Dexter St

City Pawtucket State RI Zip Code 02860-1901

FEC ID number of contributing federal political committee. **C**

Name of Employer Loiselle Insurance Agency Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : 12555121**

Amount of Each Receipt this Period  
250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

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

FOR LINE NUMBER: PAGE 49 OF 70  
(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)**

**A. Joe Weinman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 311 E 2nd Ave  
City Indianola State IA Zip Code 50125-2630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Weinman Insurance Services Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555133**  
Amount of Each Receipt this Period 250.00

**B. Kenneth L Bailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 189 Water St  
City Gardiner State ME Zip Code 04345-2108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gosline-Murchie Agency Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555135**  
Amount of Each Receipt this Period 250.00

**C. Bruce A. Chalmers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Main St  
City Bridgton State ME Zip Code 04009-1127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chalmers Insurance Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555136**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

**A. William W. Chalmers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 189  
 City State Zip Code  
 Bridgton ME 04009-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chalmers Insurance Group Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12555137**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen D Kasprzak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 787 Sokokis Trl  
 City State Zip Code  
 North Waterboro ME 04061-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kasprzak Insurance Associates Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12555138**  
 Amount of Each Receipt this Period  
 250.00

**C. William Faison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Wade Avenue  
 Ste 104  
 City State Zip Code  
 Raleigh NC 27605-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CapInsure Services Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12555147**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 70  
(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)**

**A. Gregory A Paquin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 Main Rd  
 City Tiverton State RI Zip Code 02878-1382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Paquin Insurance Agency, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555152**  
 Amount of Each Receipt this Period 250.00

**B. Kelly Maguire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 St Joseph Street  
 City Rapid City State SD Zip Code 57701-2610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Hills Insurance Agency Inc Occupation President/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555154**  
 Amount of Each Receipt this Period 500.00

**C. Kevin Maguire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 St Joseph Street  
 City Rapid City State SD Zip Code 57701-2610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Hills Insurance Agency Inc Occupation Insurance Agent/Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 12555155**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 52 OF 70                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <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 (Last, First, Middle Initial)  
**A. Michael Maguire**

Mailing Address 820 St Joseph Street

City State Zip Code  
Rapid City SD 57701-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Black Hills Insurance Agency Inc Vice President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : 12555156**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Suzanne Fees**

Mailing Address 820 St Joseph Street

City State Zip Code  
Rapid City SD 57701-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Black Hills Insurance Agency Inc Secretary/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2014  
**Transaction ID : 12555157**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 50014.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Frank Guinta**

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name

**Frank Guinta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 4 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12495362**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Zeldin For Congress**

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Candidate Name

**Lee Zeldin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 4 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12495388**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. Berger For Congress**

Mailing Address PO Box 3117

City Eden State NC Zip Code 27289

Purpose of Disbursement

011

Candidate Name

**Philip Berger Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

State: NC District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 4 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12495389**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Robert Hurt**

Office Sought:  House  
 Senate  
 President  
State: VA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : 12495390**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**John Kingston**

Office Sought:  House  
 Senate  
 President  
State: GA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : 12517774**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Loudermilk For Congress**

Mailing Address PO Box 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Barry Loudermilk**

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : 12517775**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City State Zip Code  
Media PA 19063

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Meehan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534734**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City State Zip Code  
Birmingham AL 35201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Terri Sewell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534736**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. Moore For Congress**

Mailing Address PO Box 16646

City State Zip Code  
Milwaukee WI 53216

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gwendolynne Moore**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534737**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

011

Candidate Name

**Sen. Susan M. Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534738**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. Ben Sasse For Us Senate Inc**

Mailing Address 105 East 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement

011

Candidate Name

**Benjamin Sasse**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534739**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. John Carney For Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Candidate Name

**Rep. John C. Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534741**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Olson For Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Pete Olson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 16    | / | 2014      |

**Transaction ID : 12534742**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City State Zip Code  
Manchester NH 03105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Kelly Ayotte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 16    | / | 2014      |

**Transaction ID : 12534743**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City State Zip Code  
Topeka KS 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Lynn Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 16    | / | 2014      |

**Transaction ID : 12534744**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 3500.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Juan Vargas**

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement

011

Candidate Name

**Mr. Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534745**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Candidate Name

**Ann Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534746**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**

Mailing Address 9425 N Meridian Street  
# 237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Candidate Name

**Susan Brooks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534747**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Maffei**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Daniel B. Maffei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534748**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. Friends Of Mary Landrieu, Inc.**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mary Landrieu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534749**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Todd Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534750**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kinzinger For Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534751**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 6 |

**Transaction ID : 12534752**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. Citizens For Cochran**

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

State: MS District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12534754**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Candidate Name

**Rep. Sean Patrick Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12546600**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Candidate Name

**Rep. Steve J. Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12546601**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. Hoyer For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. Steny H. Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : 12546602**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Kildee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546603**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Mario Diaz-Balart For Congress**

Mailing Address 8770 Sw 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mario Diaz-Balart**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546604**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jeb Hensarling**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546605**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 5000.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546606**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546608**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Duffy For Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sean Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 23    |   | 2014      |

**Transaction ID : 12546609**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 7000.00 |
|---------|

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

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANN PAC**

Mailing Address PO Box 3535

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : 12546610

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kline For Congress**

Mailing Address 350 W Burnsville Pkwy Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John P. Kline**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 12552960

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bill Flores For Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bill Flores**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 12552961

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552962**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address PO Box 335

City State Zip Code  
Calhoun GA 30703

Purpose of Disbursement

011

Candidate Name

**John Graves Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552963**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Responsibility and Freedom Work PAC**

Mailing Address P.O. Box 1281

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552983**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|         |
|---------|
| 5500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Candidate Name

**Rep. Steven A. Horsford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552984**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Candidate Name

**Rep. Jim A. Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552985**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Reclaim America PAC**

Mailing Address P.O. Box 7557

City Arlington State VA Zip Code 22207

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 26    | / | 2014      |

**Transaction ID : 12552986**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 6000.00 |
|---------|

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. The Good Fund**

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302-0404

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 12552989

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

Candidate Name

**Steve Scalise**

Office Sought:  House  Senate  President  
State: LA District: 01

Disbursement For: 2014  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 12552990

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Eye of the Tiger PAC**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 12552992

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

**Rep. Randy R. Neugebauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

|                             |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
| 06 / 26 / 2014              |

**Transaction ID : 12553028**

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|                             |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
|-----------------------------|

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|                             |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
|-----------------------------|

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|         |
|---------|
| 4000.00 |
|---------|

|          |
|----------|
| 95500.00 |
|----------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
CREDIT CARD PROCESSING CHARGE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 12591130**

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CHARGE

Full Name (Last, First, Middle Initial)

**B. Paypal Inc.**

Mailing Address 1840 Embarcadero Rd

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 12591134**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

**Transaction ID : 12591135**

Amount of Each Disbursement this Period

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Suntrust Merchant Services**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12591136**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B. Suntrust Merchant Services**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12591137**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**C. Suntrust Merchant Services**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12591138**

Amount of Each Disbursement this Period

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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