

**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. EDPAC

Mailing Address 499 S. Capitol Street, SW Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : 10839500

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Nan Hayworth

Mailing Address P.O. Box 188

City Carmel State NY Zip Code 10512

Purpose of Disbursement

011

Candidate Name

Ms. Nan Hayworth

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : 10839501

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Ne Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Sen. Kirsten E. Gillibrand

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : 10839502

Amount of Each Disbursement this Period

1000.00

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

4000.00

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