

**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. Tuesday Group PAC**

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011

Candidate Name

**Tuesday Group PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 11489373**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Moderate Democrats PAC**

Mailing Address 303 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 11489374**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JEBFund**

Mailing Address P.O. Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement

011

Candidate Name

**JEBFund**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 11489376**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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