

**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 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mr. Christopher Mills**

Mailing Address 4525 Harding Road, Ste 244

City Nashville State TN Zip Code 37205-2374

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

Name of Employer Mills Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 6808437**

Amount of Each Receipt this Period  
 215.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Wayne White**

Mailing Address PO Box 860

City Bryant State AR Zip Code 72089-0860

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

Name of Employer Eagle Management Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 6808439**

Amount of Each Receipt this Period  
 295.00

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

Mailing Address PO Box 17800  
 5900 Poplar Avenue, Suite 100 (381

City Memphis State TN Zip Code 38187-0800

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

Name of Employer Boyle Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : 6808440**

Amount of Each Receipt this Period  
 390.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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