

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 179

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

A. Bernier, Bryan, , ,

Mailing Address 8354 Northfield Blvd Suite 2710

City
DenverState
COZip Code
80238-3185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Professional Independent Insurance Age

Occupation (for Individual)

Executive Director

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
 12 / 11 / 2019
Transaction ID : 17248099

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Wilson, Jr, William, D., , Jr.

Mailing Address 2000 Plant Avenue

City
WaycrossState
GAZip Code
31501-5237FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

McNeal Sports & Wilson Risk Advisers

Occupation (for Individual)

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2019
Transaction ID : 17248103

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mimica, Davor, , ,

Mailing Address 9500 S Dadeland Blvd Ste 200

City
MiamiState
FLZip Code
33156-2866FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Acrisure LLC dba InSource, Inc.

Occupation (for Individual)

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
 12 / 12 / 2019
Transaction ID : 17248106

Amount of Each Receipt this Period

500.00

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

1000.00

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