

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 OR AMENDED (N) (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) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) 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 in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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 05 / 20 / 2015

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="265080.24"/>	<input type="text" value="265080.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="250526.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="94986.67"/>	<input type="text" value="246045.51"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="345512.85"/>	<input type="text" value="511125.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="135854.13"/>	<input type="text" value="301467.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="209658.72"/>	<input type="text" value="209658.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76238.50	201618.50
(ii) Unitemized	18748.17	44427.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94986.67	246045.51
(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)	94986.67	246045.51
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))..... ▶	94986.67	246045.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94986.67	246045.51

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	854.13	6542.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	854.13	6542.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	135000.00	294500.00
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	425.00
(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	425.00
29. Other Disbursements	0.00	0.00
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)) ..	135854.13	301467.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135854.13	301467.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	94986.67	246045.51
34. Total Contribution Refunds (from Line 28(d))	0.00	425.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94986.67	245620.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	854.13	6542.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	854.13	6542.03

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment reflects a correction to itemized entries on Schedule B, correctly reflecting \$135,000 in Contributions to Federal Candidates/Committees, matching line 23 of the Detailed Summary Page. The discrepancy on the original FEC filing was the result of a re-designation of funds to Diane Black for Congress in the amount of \$1,000 not being shown as a memo entry. That correction is reflected in this amendment.

Form/Schedule:
Transaction ID:

**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 82
	<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. Scott Evans
Full Name (Last, First, Middle Initial)

Mailing Address 4625 Main St

City Shallotte State NC Zip Code 28470-4453

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

Name of Employer Coastal Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 13113966

Amount of Each Receipt this Period
 1000.00

B. Edward W. Bowman
Full Name (Last, First, Middle Initial)

Mailing Address 361 S Frontage Rd Ste 105

City Burr Ridge State IL Zip Code 60527-6162

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

Name of Employer Stewart-Keator-Kessberger & Lederer, I 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
 03 / 04 / 2015
Transaction ID : 13123580

Amount of Each Receipt this Period
 500.00

C. Gerald E. Roach Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 451 Second Ave

City Gallipolis State OH Zip Code 45631-1305

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

Name of Employer Wiseman 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
 03 / 04 / 2015
Transaction ID : 13123581

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 8 OF 82
	<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. Julius J. Anderson Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3491 Shelby Ray Court
 City Charleston State SC Zip Code 29414-5838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Ins Assocs LLC Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 04 / 2015
Transaction ID : 13123582
 Amount of Each Receipt this Period
 1000.00

B. Raymond (Skip) C. Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 North Corporate Drive Suite 10
 City Brookfield State WI Zip Code 53045-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversified Insurance Services Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 04 / 2015
Transaction ID : 13123583
 Amount of Each Receipt this Period
 1000.00

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 ▼ 500.00

Date of Receipt
 03 / 05 / 2015
Transaction ID : 13125358
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 9 OF 82
(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. Wm Keith Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Lonbladh Rd
 City State Zip Code
 Tallahassee FL 32308-4255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Earl Bacon Agency, Inc. 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
 03 / 11 / 2015
Transaction ID : 13165968
 Amount of Each Receipt this Period
 250.00

B. Jerry Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 6th Ave
 City State Zip Code
 Armstrong IA 50514-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Great Lakes Insurance 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
 03 / 11 / 2015
Transaction ID : 13165971
 Amount of Each Receipt this Period
 250.00

C. Terry L. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Westside Drive
 City State Zip Code
 Iowa City IA 52246-4374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 A W Welt-Ambrisco Insurance Inc. 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
 03 / 11 / 2015
Transaction ID : 13165972
 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 10 OF 82
(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. Craig Schneidermann

Mailing Address 301 First Avenue
 PO Box 47

City State Zip Code
 Rock Rapids IA 51246-1505

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

Name of Employer Occupation
 Frontier Insurance & Real Estate Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165973

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Jeri Watson

Mailing Address 6509 C Ave

City State Zip Code
 Arlington IA 50606-8116

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

Name of Employer Occupation
 Smith Insurance, L.L.C. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165974

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Judy W. Clemmons

Mailing Address 976 Ocean Hwy W

City State Zip Code
 Supply NC 28462-4060

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

Name of Employer Occupation
 Brunswick Insurance Services, Inc. Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165984

Amount of Each Receipt this Period
 2500.00

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 11 OF 82
(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. Stephen B. Cannon

Mailing Address 708 E Main St

City State Zip Code
 Spartanburg SC 29302-1290

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

Name of Employer Occupation
 Law Insurance Agency, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165986

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dana D. Groome

Mailing Address 400 Main St

City State Zip Code
 Conway SC 29526-4308

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

Name of Employer Occupation
 Peoples Underwriters, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165988

Amount of Each Receipt this Period
 600.00

Full Name (Last, First, Middle Initial)
C. John L Paul

Mailing Address 3491 Shelby Ray Court

City State Zip Code
 Charleston SC 29414-5838

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

Name of Employer Occupation
 Anderson Ins Assocs LLC Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : 13165991

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 82
	<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. Cheri Krieter
Full Name (Last, First, Middle Initial)

Mailing Address 601 4J Ct Unit A

City Gillette State WY Zip Code 82716-4110

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

Name of Employer BW 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
 03 / 11 / 2015
Transaction ID : 13165997

Amount of Each Receipt this Period
 250.00

B. Dot Wright
Full Name (Last, First, Middle Initial)

Mailing Address 8354 Northfield Blvd Suite 2710

City Denver State CO Zip Code 80238-3185

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

Name of Employer PIIAC 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
 03 / 12 / 2015
Transaction ID : 13166029

Amount of Each Receipt this Period
 250.00

C. Joe Wegman
Full Name (Last, First, Middle Initial)

Mailing Address 24 Westside Drive

City Iowa City State IA Zip Code 52246-4374

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

Name of Employer A W Welt-Ambrisco 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
 03 / 12 / 2015
Transaction ID : 13166030

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 13 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Dan Aitken
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 489
 City State Zip Code
 New Baltimore MI 48047-0489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aitken Ormond Insurance Inc 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
 03 / 12 / 2015
Transaction ID : 13166031
 Amount of Each Receipt this Period
 250.00

B. Pam Barkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4034 Four Lakes Ave
 City State Zip Code
 Linden MI 48451-9480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hartland Insurance Agency, Inc. 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
 03 / 12 / 2015
Transaction ID : 13166032
 Amount of Each Receipt this Period
 250.00

C. Eric Karn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Ford Avenue
 City State Zip Code
 Wyandotte MI 48192-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KSP Insurance 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
 03 / 12 / 2015
Transaction ID : 13166041
 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 14 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. John L. Konechne			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : 13166042		
Mailing Address 710 Notre Dame			Amount of Each Receipt this Period 250.00		
City Grosse Pointe	State MI	Zip Code 48230-2106			
FEC ID number of contributing federal political committee. C					
Name of Employer Shores Agency Inc		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Robert W Umstead			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : 13166048		
Mailing Address 975 Three Mile Road NW			Amount of Each Receipt this Period 250.00		
City Grand Rapids	State MI	Zip Code 49544-1681			
FEC ID number of contributing federal political committee. C					
Name of Employer Steenland Insurance Agency Inc.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Wade S. Dunbar III			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : 13166050		
Mailing Address 800 Atkinson St			Amount of Each Receipt this Period 500.00		
City Laurinburg	State NC	Zip Code 28352-4717			
FEC ID number of contributing federal political committee. C					
Name of Employer Wade S. Dunbar Agency		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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 15 OF 82
	<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)

Full Name (Last, First, Middle Initial)
A. Ashley Brady

Mailing Address 204 N Main St

City Marion State SC Zip Code 29571-3026

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

Name of Employer First Charter Co Inc Occupation 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
 03 / 12 / 2015
Transaction ID : 13166052

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Robert W. Hempkins

Mailing Address 431 W Crawford

City Denison State TX Zip Code 75020-4607

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

Name of Employer Hempkins Insurance Occupation Owner

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
 03 / 12 / 2015
Transaction ID : 13166053

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Pam Martin

Mailing Address 3837 Charlestown Rd

City New Albany State IN Zip Code 47150-9562

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

Name of Employer Bennett & Bennett 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
 03 / 14 / 2015
Transaction ID : 13166086

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 82
	<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

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

A. Stephen W. Duff
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 W 96th St
 City Indianapolis State IN Zip Code 46268-1102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Insurance Agents of Indian Occupation Vice President of Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 14 / 2015**
Transaction ID : 13166087
 Amount of Each Receipt this Period **250.00**

B. Michael D Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 East 96th St Ste 400
 City Indianapolis State IN Zip Code 46240-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old National Insurance (JW Flynn Compa Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 14 / 2015**
Transaction ID : 13166089
 Amount of Each Receipt this Period **250.00**

C. R. Douglas Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 7364 E Washington St
 City Indianapolis State IN Zip Code 46219-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walker & Associates Insurance Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 14 / 2015**
Transaction ID : 13166091
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 17 OF 82
(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. David M. Houk
Full Name (Last, First, Middle Initial)
Mailing Address 313 South Dixie St
City State Zip Code
Horse Cave KY 42749-1230
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Houk Insurance Agency, Inc. 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
03 / 03 / 2015
Transaction ID : 13166102
Amount of Each Receipt this Period
500.00

B. Brad V Smith
Full Name (Last, First, Middle Initial)
Mailing Address 855 Ridge Lake Blvd Ste 400
City State Zip Code
Memphis TN 38120-9448
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Smith-Berclair Insurance 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
03 / 03 / 2015
Transaction ID : 13166104
Amount of Each Receipt this Period
1000.00

C. Denise Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 9417 North Kelley Ave
City State Zip Code
Oklahoma City OK 73131-2415
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Independent Insurance Agents of Oklaho President & CEO
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
03 / 03 / 2015
Transaction ID : 13166105
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 82
	<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. Don Whitaker
Full Name (Last, First, Middle Initial)

Mailing Address 8626 Tesoro Dr # 310

City San Antonio State TX Zip Code 78217-6217

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

Name of Employer Whitaker Insurance Associates, Inc. Occupation 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
 03 / 05 / 2015
Transaction ID : 13166109

Amount of Each Receipt this Period
 1000.00

B. Edward E. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 4625 Commercial St SE

City Salem State OR Zip Code 97302-1901

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

Name of Employer Maps 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
 03 / 07 / 2015
Transaction ID : 13166111

Amount of Each Receipt this Period
 250.00

C. Jason Beaver
Full Name (Last, First, Middle Initial)

Mailing Address 65A Main Street
PO Box 10

City Gorham State ME Zip Code 04038-1301

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

Name of Employer Chalmers Insurance Group(Gorham) Occupation Managing Partner

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
 03 / 10 / 2015
Transaction ID : 13166113

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 19 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Sherry D Samson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 S Columbia Rd
 City Grand Forks State ND Zip Code 58201-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vaaler 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
 03 / 16 / 2015
Transaction ID : 13166430
 Amount of Each Receipt this Period
 250.00

B. Michael Gaetano
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 William St
 City Williamsport State PA Zip Code 17701-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hartman Agency, Inc. Occupation 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
 03 / 19 / 2015
Transaction ID : 13177426
 Amount of Each Receipt this Period
 1000.00

C. Terry Axman
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 W Us Highway 30
 City Carroll State IA Zip Code 51401-2239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid-Iowa Insurance Associates, 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
 03 / 18 / 2015
Transaction ID : 13181094
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 82
	<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. Gary Weers
Full Name (Last, First, Middle Initial)

Mailing Address 900 E 3rd St

City Anamosa State IA Zip Code 52205-2066

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

Name of Employer Weers Insurance 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
 03 / 18 / 2015
Transaction ID : 13181097

Amount of Each Receipt this Period
 250.00

B. James W. Baxendale
Full Name (Last, First, Middle Initial)

Mailing Address 311 Bristol Road

City Webster Groves State MO Zip Code 63119-3625

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
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : 13181098

Amount of Each Receipt this Period
 250.00

C. Judge Manning
Full Name (Last, First, Middle Initial)

Mailing Address 737 Franklin St

City Roanoke Rapids State NC Zip Code 27870-2515

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

Name of Employer Halifax Farmers Insurance Service, Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : 13181100

Amount of Each Receipt this Period
 112.50

SUBTOTAL of Receipts This Page (optional).....▶	612.50
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 21 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Christopher Worcester
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Union Square
 City Milford State NH Zip Code 03055-4255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hometown 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
 03 / 18 / 2015
Transaction ID : 13181101
 Amount of Each Receipt this Period
 250.00

B. Christian C. Peper
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Scott Street
 City Napoleon State OH Zip Code 43545-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frost Insurance 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
 03 / 18 / 2015
Transaction ID : 13181102
 Amount of Each Receipt this Period
 250.00

C. Philip D. Eitzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 S Main
 City Fairview State OK Zip Code 73737-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eitzen 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
 03 / 18 / 2015
Transaction ID : 13181104
 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 22 OF 82
	<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. Mark Matrone
Full Name (Last, First, Middle Initial)

Mailing Address 559 Hope St

City Bristol State RI Zip Code 02809-1832

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

Name of Employer John Andrade Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2015
Transaction ID : 13181106

Amount of Each Receipt this Period 250.00

B. Edward S. Mark
Full Name (Last, First, Middle Initial)

Mailing Address 119 S Exeter Ave

City Exeter State NE Zip Code 68351-4098

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

Name of Employer First National Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2015
Transaction ID : 13181166

Amount of Each Receipt this Period 250.00

C. Gene Waddell
Full Name (Last, First, Middle Initial)

Mailing Address 3599 Indian River Dr E

City Vero Beach State FL Zip Code 32963-1507

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

Name of Employer Waddell & Williams Insurance Group Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2015
Transaction ID : 13181256

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 23 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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 M Bramlett Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 N Commerce # 104

City Ardmore	State OK	Zip Code 73401-1859
-----------------	-------------	------------------------

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

Name of Employer The Bramlett Agency, Inc.	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 03 / 18 / 2015
Transaction ID : 13181257

Amount of Each Receipt this Period
 5000.00

B. Christopher Nicolopoulos
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Rd

City Concord	State NH	Zip Code 03301-7300
-----------------	-------------	------------------------

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

Name of Employer New Hampshire Association of Insurance	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 17 / 2015
Transaction ID : 13181267

Amount of Each Receipt this Period
 250.00

C. Quincy L Branch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2480 N Decatur Blvd Ste 140

City Las Vegas	State NV	Zip Code 89108-2988
-------------------	-------------	------------------------

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

Name of Employer Branch-Hernandez & Associates	Occupation Director of Employee Benefits
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 17 / 2015
Transaction ID : 13181269

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 24 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Bob Biskupiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Dredge Drive
 City Helena State MT Zip Code 59602-0523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Insurance Agents of Montan Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 20 / 2015
Transaction ID : 13181270
 Amount of Each Receipt this Period
 500.00

B. Gerald Keeton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 NW 50th St
 City Oklahoma City State OK Zip Code 73118-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cole, Paine & Carlin Insurance Agency, Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 23 / 2015
Transaction ID : 13181392
 Amount of Each Receipt this Period
 250.00

C. Bradford Roger Emmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 3339 Cardinal Dr
 City Vero Beach State FL Zip Code 32963-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vero Insurance Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 24 / 2015
Transaction ID : 13187323
 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 25 OF 82
	<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. Laura Traeger
Full Name (Last, First, Middle Initial)

Mailing Address 3350 S Dixie Highway

City Miami State FL Zip Code 33133-3610

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

Name of Employer Kahn-Carlin and Company, Inc Occupation VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2015
Transaction ID : 13187325

Amount of Each Receipt this Period 500.00

B. Stark Harbour
Full Name (Last, First, Middle Initial)

Mailing Address 4405 International Blvd Suite C105

City Norcross State GA Zip Code 30093-3013

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

Name of Employer William Adams & Associates, Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 24 / 2015
Transaction ID : 13187326

Amount of Each Receipt this Period 275.00

C. Philip McMahon
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Greenwood Pl

City Morgan City State LA Zip Code 70380-1323

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

Name of Employer Paul's Agency, LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2015
Transaction ID : 13187328

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00

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 82
	<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. Kevin Gallant
Full Name (Last, First, Middle Initial)

Mailing Address 199 Great Road

City Acton State MA Zip Code 01720-5759

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

Name of Employer: Gallant Insurance Agency, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2015
Transaction ID : 13187329

Amount of Each Receipt this Period: 500.00

B. Ray Gallant
Full Name (Last, First, Middle Initial)

Mailing Address 199 Great Road

City Acton State MA Zip Code 01720-5759

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

Name of Employer: Gallant Insurance Agency, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 24 / 2015
Transaction ID : 13187330

Amount of Each Receipt this Period: 2500.00

C. Walter D Rouse
Full Name (Last, First, Middle Initial)

Mailing Address 307 West Center Street

City Lexington State NC Zip Code 27292-2709

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

Name of Employer: G.W. Mountcastle Agency, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2015
Transaction ID : 13187331

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 27 OF 82
	<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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2015
Transaction ID : 13187333

Amount of Each Receipt this Period
 300.00

B. M. Tom Greco
Full Name (Last, First, Middle Initial)

Mailing Address 12120 Port Grace Blvd Ste 102

City Lavista State NE Zip Code 68128-8235

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

Name of Employer UNICO Group of Papillion 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
 03 / 24 / 2015
Transaction ID : 13187491

Amount of Each Receipt this Period
 250.00

C. Doug Wiles
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Ponce de Leon Blvd

City St Augustine State FL Zip Code 32084-3587

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

Name of Employer Herbie Wiles Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 13188151

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Stephen Zogby
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 816
 104 New Hartford Shopping Center
 City New Hartford State NY Zip Code 13413-0816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scalzo, Zogby & Wittig Inc Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 03 / 26 / 2015
Transaction ID : 13188174
 Amount of Each Receipt this Period
1500.00

B. Dan R Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Cordova Street
 City Saint Augustine State FL Zip Code 32084-3630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ThompsonBaker Agency, Inc. Occupation Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 03 / 30 / 2015
Transaction ID : 13189826
 Amount of Each Receipt this Period
250.00

C. William Beckham
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 VIRTUDES ST
 City MIAMI State FL Zip Code 33156-6348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JM Private Insurance Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 03 / 30 / 2015
Transaction ID : 13189830
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
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 29 OF 82
	<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. Christopher Black
Full Name (Last, First, Middle Initial)

Mailing Address 5833 Argerian Dr Ste 102

City Wesley Chapel State FL Zip Code 33545-4164

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

Name of Employer Chris Black Insurance 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
 03 / 30 / 2015
Transaction ID : 13189833

Amount of Each Receipt this Period
 250.00

B. Brandon Butler
Full Name (Last, First, Middle Initial)

Mailing Address 6161 Blue Lagoon Dr # 420

City Miami State FL Zip Code 33126-2048

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

Name of Employer Butler, Buckley, Deets, 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
 03 / 30 / 2015
Transaction ID : 13189837

Amount of Each Receipt this Period
 250.00

C. Garrett Butler
Full Name (Last, First, Middle Initial)

Mailing Address 6161 Blue Lagoon Dr # 420

City Miami State FL Zip Code 33126-2048

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

Name of Employer Butler, Buckley, Deets, 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
 03 / 30 / 2015
Transaction ID : 13189838

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 30 OF 82
	<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. John M. Darr IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200B W Newberry Rd
 City Gainesville State FL Zip Code 32607-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Darr Schackow 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
 03 / 30 / 2015
Transaction ID : 13189842
 Amount of Each Receipt this Period
 250.00

B. Donald E. Dresback
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Broken Sound Pkwy NW Suite 500
 City Boca Raton State FL Zip Code 33487-2766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Beacon Group, 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
 03 / 30 / 2015
Transaction ID : 13189843
 Amount of Each Receipt this Period
 250.00

C. Anthony DuBose
 Full Name (Last, First, Middle Initial)
 Mailing Address 12129 Panama City Beach Pkwy
 City Panama City State FL Zip Code 32407-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Community Insurance Agency of Occupation Corporate Education Specialist
 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
 03 / 30 / 2015
Transaction ID : 13189844
 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 31 OF 82
	<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) A. Garrett Floyd			Date of Receipt
Mailing Address 109 Bullock Blvd			<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13189848
Niceville	FL	32578-2732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Niceville Insurance Agency, Inc.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Gardner			Date of Receipt
Mailing Address 390 Pondella Road # 1			<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13189849
North Fort Myers	FL	33903-4340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Lee County Insurance Agency, Inc.	President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey W. Grady			Date of Receipt
Mailing Address 3159 Shamrock South			<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13189850
Tallahassee	FL	32309-3337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Florida Association of Insurance Agent	President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 82
	<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. Chip Greene
Full Name (Last, First, Middle Initial)

Mailing Address 10739 Deerwood Park Blvd Ste 200

City Jacksonville State FL Zip Code 32256-4839

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

Name of Employer Greene-Hazel & Associates, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 13189851

Amount of Each Receipt this Period
 2500.00

B. William D. Gunter
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Thomasville Rd

City Tallahassee State FL Zip Code 32303-6223

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

Name of Employer Rogers, Gunter, Vaughn Insurance, 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
 03 / 30 / 2015
Transaction ID : 13189852

Amount of Each Receipt this Period
 250.00

C. William Kabboord
Full Name (Last, First, Middle Initial)

Mailing Address 3201 N Atlantic Ave

City Cocoa Beach State FL Zip Code 32931-3406

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

Name of Employer Brevard Insurance & Marketing, 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
 03 / 30 / 2015
Transaction ID : 13189855

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 33 OF 82
(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. Frank Kowalski
 Full Name (Last, First, Middle Initial)
 Mailing Address 9875 SW 72nd St
 City Miami State FL Zip Code 33173-4617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Koski & Co, Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 13189858
 Amount of Each Receipt this Period 500.00

B. Robert Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 NE 3rd Ave Ste 1000
 City Ft Lauderdale State FL Zip Code 33301-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Insurance Advisors LLC Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 13189861
 Amount of Each Receipt this Period 250.00

C. Bruce Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Wekiva Springs Rd
 City Longwood State FL Zip Code 32779-2504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morse Insurance Agency Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 13189862
 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 34 OF 82
(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. Samuel B. Rogers Jr

Mailing Address 1117 Thomasville Rd

City State Zip Code
Tallahassee FL 32303-6223

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

Name of Employer Occupation
Rogers, Gunter, Vaughn Insurance, Inc. CEO

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
03 / 30 / 2015
Transaction ID : 13189866

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Robert K. Rollins

Mailing Address 6001 Broken Sound Pkwy NW
Suite 500

City State Zip Code
Boca Raton FL 33487-2766

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

Name of Employer Occupation
The Beacon Group, Inc. 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
03 / 30 / 2015
Transaction ID : 13189867

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Richard R. Rosier

Mailing Address 9696 Bonita Beach Rd # 103

City State Zip Code
Bonita Springs FL 34135-8503

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

Name of Employer Occupation
Rosier Insurance 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
03 / 30 / 2015
Transaction ID : 13189869

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 82
	<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) A. Brian R. Scarborough		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 13189871
Mailing Address 2811 NW 41 St		Amount of Each Receipt this Period 500.00
City Gainesville	State FL	Zip Code 32606-7463
FEC ID number of contributing federal political committee. C		
Name of Employer Scarborough Company Insurance, Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jeff Schlitt		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 13189872
Mailing Address 1717 Indian River Blvd Ste 300		Amount of Each Receipt this Period 1000.00
City Vero Beach	State FL	Zip Code 32960-0864
FEC ID number of contributing federal political committee. C		
Name of Employer Schlitt Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Lindsey Shank		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 13189873
Mailing Address 12485 28th Street N # 2		Amount of Each Receipt this Period 150.00
City Saint Petersburg	State FL	Zip Code 33716-1825
FEC ID number of contributing federal political committee. C		
Name of Employer BB&T - Iler Wall & Shonter Insurance	Occupation Assistant Agency Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 36 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Louis Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Bullock Blvd
 City Niceville State FL Zip Code 32578-2732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Niceville Insurance Agency, Inc. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 30 / 2015
Transaction ID : 13189874
 Amount of Each Receipt this Period
 250.00

B. John Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1742 W 15th Street
 City Panama City State FL Zip Code 32401-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Andrews Insurance Agency, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 30 / 2015
Transaction ID : 13189876
 Amount of Each Receipt this Period
 250.00

C. Billy Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 Palm Valley Rd Ste 100
 City Ponte Vedra Beach State FL Zip Code 32082-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brightway Insurance Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 30 / 2015
Transaction ID : 13189877
 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 82
	<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. Thomas E. Washburn
Full Name (Last, First, Middle Initial)

Mailing Address 16505 NW 13th Ave

City Miami State FL Zip Code 33169-5719

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

Name of Employer Wilson Washburn & Forster Insurance 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
 03 / 30 / 2015
Transaction ID : 13189879

Amount of Each Receipt this Period
 250.00

B. Cynthia Webster
Full Name (Last, First, Middle Initial)

Mailing Address 13080 S Belcher Rd Ste H

City Largo State FL Zip Code 33773-1639

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

Name of Employer Jack Rice Insurance, LLC 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
 03 / 30 / 2015
Transaction ID : 13189881

Amount of Each Receipt this Period
 500.00

C. William A Rush
Full Name (Last, First, Middle Initial)

Mailing Address 5150 W Jefferson Blvd

City Fort Wayne State IN Zip Code 46804-6806

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

Name of Employer The DeHayes Group 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
 03 / 30 / 2015
Transaction ID : 13189887

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 38 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Byram Carpenter		Date of Receipt
Mailing Address 1890 Hudson Circle Ste 7		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City	State	Zip Code
Monroe	LA	71201-3545
FEC ID number of contributing federal political committee. C		Transaction ID : 13189888
Name of Employer Moreman, Moore & Co, Inc.		Amount of Each Receipt this Period
Occupation Insurance Agent		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) B. Lydia Durand-McMorris		Date of Receipt
Mailing Address 400 Convention St Ste 200		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City	State	Zip Code
Baton Rouge	LA	70802-5616
FEC ID number of contributing federal political committee. C		Transaction ID : 13189889
Name of Employer Regions Insurance		Amount of Each Receipt this Period
Occupation Account Executive		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. Dan Gilbert		Date of Receipt
Mailing Address 3741 Hendersonville Rd		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City	State	Zip Code
Fletcher	NC	28732-8249
FEC ID number of contributing federal political committee. C		Transaction ID : 13189891
Name of Employer Dan Gilbert Insurance Inc.		Amount of Each Receipt this Period
Occupation Insurance Agent		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 82
	<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. Travis E. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1608 NW Expressway # 100

City Oklahoma City	State OK	Zip Code 73118-1400
-----------------------	-------------	------------------------

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

Name of Employer Rich & Cartmill, 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
03	/	30	/	2015

Transaction ID : 13189893

Amount of Each Receipt this Period
500.00

B. Angus M Brabham IV
Full Name (Last, First, Middle Initial)

Mailing Address 1612 Marion St
Suite 101

City Columbia	State SC	Zip Code 29201-2939
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FEC ID number of contributing federal political committee. **C**

Name of Employer Regions Insurance	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
03	/	30	/	2015

Transaction ID : 13189896

Amount of Each Receipt this Period
250.00

C. Peter Burrous
Full Name (Last, First, Middle Initial)

Mailing Address 200 Wingo Way Ste 200

City Mt Pleasant	State SC	Zip Code 29464-1816
---------------------	-------------	------------------------

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

Name of Employer Johnson & Johnson, Inc. Mgrs. CMGA	Occupation 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
03	/	30	/	2015

Transaction ID : 13189897

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 40 OF 82
(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. Gary D Cornell
Full Name (Last, First, Middle Initial)
Mailing Address 2141 Enterprise Drive
City Florence State SC Zip Code 29501-1105
FEC ID number of contributing federal political committee. **C**
Name of Employer AFCO/Prime Rate Premium Finance Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 13189898
Amount of Each Receipt this Period **500.00**

B. Lee P Ellis
Full Name (Last, First, Middle Initial)
Mailing Address 701 1st St W
City Hampton State SC Zip Code 29924-3507
FEC ID number of contributing federal political committee. **C**
Name of Employer Ellis Realty & Insurance Agency, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 13189899
Amount of Each Receipt this Period **250.00**

C. Kenneth A Finch
Full Name (Last, First, Middle Initial)
Mailing Address 2230 Devine St
City Columbia State SC Zip Code 29205-2402
FEC ID number of contributing federal political committee. **C**
Name of Employer Adams Eaddy & Associates Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 13189900
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
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 82
(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. Robert Scott S. Moseley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 Lake Murray Blvd
 City Irmo State SC Zip Code 29063-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Irmo Insurance Agency Inc Occupation 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
 03 / 30 / 2015
Transaction ID : 13189904
 Amount of Each Receipt this Period
 1000.00

B. James G. Taylor Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Carteret St
 City Beaufort State SC Zip Code 29902-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kinghorn Insurance Agency of Beaufort 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
 03 / 30 / 2015
Transaction ID : 13189909
 Amount of Each Receipt this Period
 500.00

C. Tonya S Thomason
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 Montague Ave Ste 7
 City Greenwood State SC Zip Code 29649-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David A Crotts & Associates 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
 03 / 30 / 2015
Transaction ID : 13189910
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 82
	<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. Roger George
Full Name (Last, First, Middle Initial)
Mailing Address 410 S Main St
City Warren State AR Zip Code 71671-3324
FEC ID number of contributing federal political committee. **C**
Name of Employer Merchants & Planters Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 13189911
Amount of Each Receipt this Period 250.00

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

Date of Receipt 03 / 30 / 2015
Transaction ID : 13190005
Amount of Each Receipt this Period 250.00

C. Sherry M. Burrell
Full Name (Last, First, Middle Initial)
Mailing Address 3883 Rogers Bridge Rd NW Ste 403A
City Duluth State GA Zip Code 30097-2810
FEC ID number of contributing federal political committee. **C**
Name of Employer Grimes Insurance & Financial Services Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2015
Transaction ID : 13190007
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 43 OF 82
	<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. Martin R Brown
Full Name (Last, First, Middle Initial)

Mailing Address 403 1st St

City Independence State IA Zip Code 50644-0798

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

Name of Employer Brown Lane Ins Agcy 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
 03 / 30 / 2015
Transaction ID : 13190008

Amount of Each Receipt this Period
 250.00

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

Mailing Address 124 E 8th St

City Rochester State IN Zip Code 46975-1508

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

Name of Employer Smith Sawyer & Smith, 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
 03 / 30 / 2015
Transaction ID : 13190016

Amount of Each Receipt this Period
 250.00

C. Ronald Smith
Full Name (Last, First, Middle Initial)

Mailing Address 124 E 8th St

City Rochester State IN Zip Code 46975-1508

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

Name of Employer Smith Sawyer & Smith, Inc. 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
 03 / 30 / 2015
Transaction ID : 13190017

Amount of Each Receipt this Period
 500.00

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 44 OF 82
	<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. Francis A. Mancini
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Cedar Street
 City Milford State MA Zip Code 01757-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts Association of Insurance Occupation President & CEO
 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
 03 / 30 / 2015
Transaction ID : 13190020
 Amount of Each Receipt this Period
 1000.00

B. Jeff Magowan
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 Ludington St
 City Escanaba State MI Zip Code 49829-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garceau Wenick Kutz Magowan Insurance 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
 03 / 30 / 2015
Transaction ID : 13190022
 Amount of Each Receipt this Period
 250.00

C. Ronnie R. Bagwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2626 Glenwood Ave Ste 300
 City Raleigh State NC Zip Code 27608-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bagwell & Bagwell Insurance Occupation 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
 03 / 30 / 2015
Transaction ID : 13190023
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 45 OF 82
	<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. Roger D Evans Jr
Full Name (Last, First, Middle Initial)

Mailing Address 2904 N Heritage Street

City Kinston State NC Zip Code 28501-1580

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

Name of Employer Evans & Associates 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
 03 / 30 / 2015
Transaction ID : 13190024

Amount of Each Receipt this Period
 250.00

B. James A. Stoddard Jr.
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 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
 03 / 30 / 2015
Transaction ID : 13190025

Amount of Each Receipt this Period
 500.00

C. Rick Spreng
Full Name (Last, First, Middle Initial)

Mailing Address 320 College Ave

City Ashland State OH Zip Code 44805-3803

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

Name of Employer Spreng-Smith Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 13190026

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 46 OF 82
	<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. Edward F. Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 217 Angell Street

City Providence State RI Zip Code 02906-2120

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

Name of Employer E. F. Bishop 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
 03 / 30 / 2015

Transaction ID : 13190029

Amount of Each Receipt this Period
 500.00

B. Tom Bates Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 28 Global Dr Ste 102

City Greenville State SC Zip Code 29607-3798

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

Name of Employer Herlong Bates Burnett Insurance, Inc. Occupation 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
 03 / 30 / 2015

Transaction ID : 13190032

Amount of Each Receipt this Period
 1000.00

C. James L Rowe
Full Name (Last, First, Middle Initial)

Mailing Address 1544 Fording Island Rd

City Hilton Head State SC Zip Code 29926-1174

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

Name of Employer Kinghorn Insurance Agency LLC Occupation 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
 03 / 30 / 2015

Transaction ID : 13190047

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 47 OF 82
	<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. John Deardorff
Full Name (Last, First, Middle Initial)

Mailing Address 13939 Gold Cir Ste 200

City Omaha State NE Zip Code 68144-2316

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

Name of Employer Peterson Brothers Insurance, Inc. Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 13190155

Amount of Each Receipt this Period 2500.00

B. Philip Winkelmann
Full Name (Last, First, Middle Initial)

Mailing Address 11132 O Street

City Omaha State NE Zip Code 68137-2336

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

Name of Employer Omaha Insurance Services, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 13190854

Amount of Each Receipt this Period 500.00

C. Randy K. Baker
Full Name (Last, First, Middle Initial)

Mailing Address 808 Independence Ave

City Kennett State MO Zip Code 63857-2222

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

Name of Employer TR Baker Insurance Agency Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 13190860

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 48 OF 82
(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. Belinda Brenizer
Full Name (Last, First, Middle Initial)
Mailing Address 103 North First Street
City Edina State MO Zip Code 63537-1125
FEC ID number of contributing federal political committee. **C**
Name of Employer Hawkins Insurance Group Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 31 / 2015
Transaction ID : 13190862
Amount of Each Receipt this Period
250.00

B. JL Brenizer
Full Name (Last, First, Middle Initial)
Mailing Address 103 North First Street
City Edina State MO Zip Code 63537-1125
FEC ID number of contributing federal political committee. **C**
Name of Employer Hawkins Insurance Group Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 31 / 2015
Transaction ID : 13190863
Amount of Each Receipt this Period
250.00

C. Barry Brownsberger
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 231
City Turners State MO Zip Code 65765-0231
FEC ID number of contributing federal political committee. **C**
Name of Employer M J Kelly Company Occupation Marketing Representative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1025.00

Date of Receipt
03 / 31 / 2015
Transaction ID : 13190865
Amount of Each Receipt this Period
1025.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1525.00
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 49 OF 82
	<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. 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 03 / 31 / 2015
Transaction ID : 13190867
Amount of Each Receipt this Period 250.00

B. Alan C. Jannett
Full Name (Last, First, Middle Initial)
Mailing Address 204 E Liberty St
City Farmington State MO Zip Code 63640-3128
FEC ID number of contributing federal political committee. **C**
Name of Employer First State Insurance Agency Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 13190871
Amount of Each Receipt this Period 1000.00

C. Mitchell C. Mills
Full Name (Last, First, Middle Initial)
Mailing Address 110 W Jefferson
City Clinton State MO Zip Code 64735-2061
FEC ID number of contributing federal political committee. **C**
Name of Employer Mills and Sons Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 13190877
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 82
(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. Richard V. Minor
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 N 6th St
 City Hannibal State MO Zip Code 63401-3478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GDC Insurance Services 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
 03 / 31 / 2015
Transaction ID : 13190878
 Amount of Each Receipt this Period
 250.00

B. Charles R Moffitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Sterling Drive
 City Poplar Bluff State MO Zip Code 63901-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morse Harwell Jiles Insurance Agency Occupation Agency Manager
 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
 03 / 31 / 2015
Transaction ID : 13190879
 Amount of Each Receipt this Period
 250.00

C. Steve Rackley
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 3rd St
 City Gainesville State MO Zip Code 65655-7128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rackley 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
 03 / 31 / 2015
Transaction ID : 13190881
 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 51 OF 82
	<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. Brent H. Speight
Full Name (Last, First, Middle Initial)

Mailing Address 408 N Sturgeon St

City State Zip Code
Montgomery City MO 63361-1827

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

Name of Employer Occupation
Scott Agency, Inc. 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
03 / 31 / 2015
Transaction ID : 13190884

Amount of Each Receipt this Period
500.00

B. Lee Wilbers
Full Name (Last, First, Middle Initial)

Mailing Address 211 Marshall St

City State Zip Code
Jefferson City MO 65101-3226

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

Name of Employer Occupation
Wallstreet Group 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
03 / 31 / 2015
Transaction ID : 13190887

Amount of Each Receipt this Period
1000.00

C. Joe Hunt
Full Name (Last, First, Middle Initial)

Mailing Address 1784 Sharp Springs Rd

City State Zip Code
Winchester TN 37398-4658

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

Name of Employer Occupation
V. R. Williams & Company 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
03 / 18 / 2015
Transaction ID : 13287950

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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 52 OF 82
	<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) A. Doreen K. Courtheyn		Date of Receipt 03 / 31 / 2015 Transaction ID : PR15669510143
Mailing Address 500 E New York Ave		Amount of Each Receipt this Period 67.00
City Deland	State FL	Zip Code 32724-6041
FEC ID number of contributing federal political committee. C		P/R Deduction (\$67.00 Monthly)
Name of Employer Page Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

Full Name (Last, First, Middle Initial) B. Jared Carillo		Date of Receipt 03 / 31 / 2015 Transaction ID : PR330262710143
Mailing Address 363 South Center St		Amount of Each Receipt this Period 75.00
City Windsor Locks	State CT	Zip Code 06096-2827
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Carillo & Howland, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Linda F Steiner		Date of Receipt 03 / 31 / 2015 Transaction ID : PR83137710143
Mailing Address 555 Main Street # 320		Amount of Each Receipt this Period 500.00
City Racine	State WI	Zip Code 53403-4614
FEC ID number of contributing federal political committee. C		P/R Deduction (\$500.00 Monthly)
Name of Employer Johnson Insurance Services, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	642.00
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 53 OF 82
	<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. Michael S. Rifkin
Full Name (Last, First, Middle Initial)

Mailing Address 1499 Blake Street
2G

City State Zip Code
Denver CO 80202-1356

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

Name of Employer Occupation
Rifkin Insurance Assocs Inc Agency Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83196110143

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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 ▼
300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83309610143

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. Robert J. Wunderlich
Full Name (Last, First, Middle Initial)

Mailing Address 601 Main St

City State Zip Code
Winona MN 55987-3373

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

Name of Employer Occupation
Wunderlich Insurance Agency Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83442910143

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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: PAGE 54 OF 82
(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. James D Sutton

Mailing Address 143 E Main St Ste 1

City State Zip Code
East Islip NY 11730-2601

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

Name of Employer Occupation
James F. Sutton Agency Ltd. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83449310143

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mark F Smith

Mailing Address 48 W Main St

City State Zip Code
Marianna AR 72360-2247

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83493510143

Amount of Each Receipt this Period
500.00

P/R Deduction (\$500.00 Monthly)

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

Mailing Address 333 Village Blvd # 203

City State Zip Code
Incline Village NV 89451-8293

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

Name of Employer Occupation
Menath Insurance Agency, Inc. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR83567910143

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 55 OF 82
	<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. 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
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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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR83598010143

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

B. 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR83635910143

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C. 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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR83664710143

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

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 56 OF 82
	<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) A. Andrew N. Theodore		Date of Receipt 03 / 31 / 2015 Transaction ID : PR83881910143
Mailing Address 1700 Laurel Street		Amount of Each Receipt this Period 84.00
City Columbia	State SC	Zip Code 29201-2625
FEC ID number of contributing federal political committee. C		P/R Deduction (\$84.00 Monthly)
Name of Employer Theodore & Associates Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. Nathan Riedel		Date of Receipt 03 / 31 / 2015 Transaction ID : PR83966610143
Mailing Address 127 South Peyton Street		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	Zip Code 22314-2879
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Independent Insurance Agents & Brokers	Occupation Vice President, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Roslyn W. Tripp		Date of Receipt 03 / 31 / 2015 Transaction ID : PR92077910143
Mailing Address 5526 Old National Hwy Bldg I		Amount of Each Receipt this Period 100.00
City College Park	State GA	Zip Code 30349-3212
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Tripp Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	284.00
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 57 OF 82
(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. SueAnn Schultz
Full Name (Last, First, Middle Initial)
Mailing Address 3024 SW Wannamaker Rd Ste 203
City Topeka State KS Zip Code 66614-4498
FEC ID number of contributing federal political committee. **C**
Name of Employer IMA of Kansas, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR92541010143
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

B.
Full Name (Last, First, Middle Initial)
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
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	76238.50

**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 checked="" 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 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 : 13222657

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
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 : 13222658

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CHARGE

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
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 : 13222659

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CHARGE

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 checked="" 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 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
CREDIT CARD PROCESSING CHARGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : 13222660

Amount of Each Disbursement this Period

13.74

CREDIT CARD PROCESSING CHARGE

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
CREDIT CARD PROCESSING CHARGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : 13222661

Amount of Each Disbursement this Period

70.73

CREDIT CARD PROCESSING CHARGE

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
CREDIT CARD PROCESSING CHARGE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : 13222662

Amount of Each Disbursement this Period

494.91

CREDIT CARD PROCESSING CHARGE

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

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

579.38

854.13

**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 Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

Rep. Cheri Bustos

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187988

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Candidate Name

Rep. Robin Kelly

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187989

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Joe Heck

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187990

Amount of Each Disbursement this Period

1000.00

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

4500.00

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 Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Sen. Sherrod Brown

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187991

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187992

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Candidate Name

Rep. Gwendolynne Moore

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13187993

Amount of Each Disbursement this Period

1500.00

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. Tom Reed For Congress

Mailing Address PO Box 10847

City: Rochester State: NY Zip Code: 14610

Purpose of Disbursement

011
Category/Type

Candidate Name

Thomas Reed II

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13187994

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	0
0	0	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. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City: Charleston State: SC Zip Code: 29407

Purpose of Disbursement

011
Category/Type

Candidate Name

Sen. Tim Scott

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13187995

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	0
0	0	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. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City: Columbia State: SC Zip Code: 29211

Purpose of Disbursement

011
Category/Type

Candidate Name

Rep. James E. Clyburn

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13187996

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	0
0	0	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)..... ▶

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	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	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. Poliquin For Congress

Mailing Address PO Box 50

City State Zip Code
Oakland ME 04963

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bruce Poliquin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13187997

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Shelby For U S Senate

Mailing Address Post Office Box 1091

City State Zip Code
Tuscaloosa AL 35403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard C. Shelby

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13187998

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13187999

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. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement

011

Candidate Name

Michael Bost

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188000

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188001

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Candidate Name

Rep. Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188002

Amount of Each Disbursement this Period

500.00

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

7000.00

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. Dakota Prairie PAC

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

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
03 / 25 / 2015

Transaction ID : 13188003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Roger Williams For U S Congress Committee

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement

Candidate Name

Roger Williams

Office Sought: House Senate President
State: TX District: 25

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hoosiers First PAC

Mailing Address P.O. Box 772

City Indianapolis State IN Zip Code 46206

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
03 / 25 / 2015

Transaction ID : 13188005

Amount of Each Disbursement this Period

1000.00

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. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 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

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 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

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sherrod Brown

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188008

Amount of Each Disbursement this Period

2500.00

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

4000.00

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. 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

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188009

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188010

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address P.O. Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement

011

Candidate Name

Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188011

Amount of Each Disbursement this Period

2500.00

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

8500.00

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: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188012

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Candidate Name

Rep. Markwayne Mullin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188013

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Liberty Project

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

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	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188014

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

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

8	5	0	0	0	0
---	---	---	---	---	---

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

8	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. Poliquin For Congress

Mailing Address PO Box 50

City State Zip Code
Oakland ME 04963

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bruce Poliquin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188015

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City State Zip Code
Melville NY 11747

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve J. Israel

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188016

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City State Zip Code
Oshkosh WI 54901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Ron Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188017

Amount of Each Disbursement this Period

2500.00

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

5500.00

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. Friends Of John Delaney

Mailing Address PO Box 70835

City State Zip Code
Bethesda MD 20813

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. John Delaney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188018

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement

011
Category/ Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188019

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Motor City PAC

Mailing Address P.O. Box 21431

City State Zip Code
Detroit MI 48221

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 Y
03	/	25	/	2015

Transaction ID : 13188020

Amount of Each Disbursement this Period

2000.00

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

5500.00

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. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Terri Sewell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188021

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/
Type

Candidate Name

Randy Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188089

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Guinta

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188093

Amount of Each Disbursement this Period

5000.00

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

9000.00

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. STEVE PAC

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

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
03 / 25 / 2015

Transaction ID : 13188094

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Benishek M.D.

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188118

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diane Black

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188119

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. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188121

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

011

Candidate Name

Rodney Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188122

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Candidate Name

Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188123

Amount of Each Disbursement this Period

1000.00

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

5000.00

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. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Joe Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188124

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jenkins For Congress

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement

011

Candidate Name

Rep. Evan Hollins Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188125

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Knight For Congress

Mailing Address PO Box 991

City Lancaster State CA Zip Code 93584

Purpose of Disbursement

011

Candidate Name

Rep. Steve Knight

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 13188126

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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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. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Martha Roby

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188127

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Trott For Congress, Inc.

Mailing Address P.O. Box 217

City Troy State MI Zip Code 48099

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Trott

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188128

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jackie Walorski

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188129

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. Steve Fincher For Congress

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Stephen Lee Fincher

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13188130

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Hudson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13188131

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sean Patrick Maloney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 13188132

Amount of Each Disbursement this Period

2500.00

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

4500.00

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. Friends Of Mia Love

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mia Love

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: UT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188133

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. Louisiana Reform PAC

Mailing Address P.O. Box 1542

City Shreveport State LA Zip Code 71165

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	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188134

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. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael F. Bennet

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 13188135

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

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	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. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : 13188136

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : 13188138

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City State Zip Code
Sewickley PA 15143

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Keith Rothfus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : 13188139

Amount of Each Disbursement this Period

1000.00

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

6000.00

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. BLAINE PAC

Mailing Address 3410 Alabama Avenue

City Alexandria State VA Zip Code 22305

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
03 / 25 / 2015

Transaction ID : 13188148

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Blaine For Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement

011

Category/
Type

Candidate Name

W Blaine Luetkemeyer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District: 09

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188149

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hurd For Congress

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Will Hurd

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 13188150

Amount of Each Disbursement this Period

1000.00

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

8500.00

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. Stutzman For Congress

Mailing Address PO Box 129

City State Zip Code
Howe IN 46746

Purpose of Disbursement

011

Candidate Name

Marlin Stutzman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : 13188171

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069

Purpose of Disbursement

011

Candidate Name

Rep. John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : 13188172

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Freedom Project

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

The Freedom Project

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : 13188173

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

5	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. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Fleischmann

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 13188192

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City State Zip Code
West Chester PA 19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ryan Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : 13190850

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement
Funds Reported On March 20 Monthly Report

011

Category/
Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : 13241974

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On March 20 Monthly Report

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

5500.00

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. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Re-designated funds for trans. dated 2/9/2015

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2015

Transaction ID : 13241975

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 2/9/2015

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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)..... ▶

0.00

135000.00
