

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 84  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

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

**A. Desmond, Kevin, T., ,**

Mailing Address 109 Rosemont Avenue

City  
Fort Thomas

State  
KY

Zip Code  
41075-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Desmond Brothers, Inc.

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2019

**Transaction ID : 16858067**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Kinkade, Stephen, R., ,**

Mailing Address 502 S Main Street

City  
Leitchfield

State  
KY

Zip Code  
42754-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kinkade-Cornell Ins Agency, Inc.

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2019

**Transaction ID : 16858069**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Machande, Jennifer, , ,**

Mailing Address 210 West Platt St

City  
Maquoketa

State  
IA

Zip Code  
52060-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Engel Agency, Inc

Occupation (for Individual)  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2019

**Transaction ID : 16858077**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

410.00