

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

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

FOR LINE NUMBER: PAGE 56 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. Cross, Royce, M.,

Mailing Address 491 Main Street

City
BangorState
MEZip Code
04401-6296FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cross Insurance - BangorOccupation (for Individual)
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
06 / 27 / 2019

Transaction ID : 16920187

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Flynn, Thomas, A.,

Mailing Address 600 East 96th St Ste 400

City
IndianapolisState
INZip Code
46240-3842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ONI Risk PartnersOccupation (for Individual)
President

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
06 / 27 / 2019

Transaction ID : 16920188

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Braut, John, W.,

Mailing Address 111 Main St

City
ScobeyState
MTZip Code
59263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wolfe-Daniels Agency, Inc.Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

Transaction ID : 16920189

Amount of Each Receipt this Period

1100.00

☐ Memo Item

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

2600.00

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