

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29  
(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

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)  
The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Michael Kearney

Mailing Address 295 Beacon Street #34

City State Zip Code  
Boston MA 02116-1237

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

Name of Employer William Gallagher Assoc. Ins. Brokers.  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2011

**Transaction ID:** 33349137

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Edward J. Flanagan

Mailing Address 75 Richfield Road

City State Zip Code  
Arlington MA 02474-2947

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

Name of Employer William Gallagher Assoc. Ins. Brokers.  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2011

**Transaction ID:** 33349139

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Nichols

Mailing Address 10611 Moss Mill Lane

City State Zip Code  
Charlotte NC 28277-1674

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

Name of Employer AmWINS Group, Inc. (HQ)  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2011

**Transaction ID:** 33349145

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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