

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 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

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

A. Sullivan, Gerald, J, Mr.,

Mailing Address 800 W 6th St Fl 18

City
Los Angeles

State
CA

Zip Code
90017-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sullivan Group, The

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : 43338797

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. Trevisan, Jonathan, M, Mr.,

Mailing Address 101 Arch St Ste 1250

City
Boston

State
MA

Zip Code
02110-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BB&T

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : 43338798

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Labrecque, Christopher, , Mr.,

Mailing Address 1855 W State Road 434

City
Longwood

State
FL

Zip Code
32750-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurance Office of America, Inc.

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2019

Transaction ID : 43338799

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

7000.00

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