

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

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

FOR LINE NUMBER: PAGE 6 OF 68

(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. Flynn, Pat, , Mr.,

Mailing Address 601 Union St Ste 3400

City
Seattle

State
WA

Zip Code
98101-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bratrud Middleton Propel Insurance

Occupation (for Individual)
Insurance Broker

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 / 02 / 2020

Transaction ID : 44726690

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Landers, Mark, , Mr.,

Mailing Address 10 Inverness Center Pkwy Ste 400

City
Birmingham

State
AL

Zip Code
35242-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J. Smith Lanier & Co., Inc.

Occupation (for Individual)
Insurance Broker

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 / 02 / 2020

Transaction ID : 44726691

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Milward, Greg, B, Mr.,

Mailing Address 360 E Vine St

City
Lexington

State
KY

Zip Code
40507-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Powell Walton Milward

Occupation (for Individual)
Insurance Broker

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 / 02 / 2020

Transaction ID : 44726693

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00