

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 98

☒ 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. Barisono, Anthony, J, Mr., Jr.**

Mailing Address 1100 Superior Ave E Ste 1500

City  
Cleveland

State  
OH

Zip Code  
44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oswald Companies

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

07 / 17 / 2019

**Transaction ID : 43769501**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Bowman, Cynthia, J, Ms.,**

Mailing Address 1100 Superior Ave E Ste 1500  
Suite 600

City  
Cleveland

State  
OH

Zip Code  
44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oswald Companies

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

07 / 17 / 2019

**Transaction ID : 43769502**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Catania, Paul, , Mr.,**

Mailing Address 1100 Superior Ave E Ste 1500

City  
Cleveland

State  
OH

Zip Code  
44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oswald Companies

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

07 / 17 / 2019

**Transaction ID : 43769503**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

96.00

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