

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

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

FOR LINE NUMBER: PAGE 30 OF 45

(check only one)

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

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

A. Dwyer, John, , Mr.,

Mailing Address 21805 W Field Pkwy Ste 300

City  
Deer Park

State  
IL

Zip Code  
60010-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Plexus Groupe LLC

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

Transaction ID : 44795010

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Andrews, Mitchell, C, Mr.,

Mailing Address 21805 W Field Pkwy Ste 300

City  
Deer Park

State  
IL

Zip Code  
60010-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Plexus Groupe LLC

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

Transaction ID : 44795011

Amount of Each Receipt this Period

104.17

☐ Memo Item

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

C. Hilb, Robert, H, Mr.,

Mailing Address 8720 Stony Point Pkwy Ste 125

City  
Richmond

State  
VA

Zip Code  
23235-1990

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hilb Group LLC, The

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

Transaction ID : 44795012

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

387.50

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