

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 216

(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. Brantlinger, David, R, Mr.,

Mailing Address 2750 Killarney Drive, Suite 202

City
Woodbridge

State
VA

Zip Code
22192-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIMA Companies, Inc./Acrisure, The

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 41298569

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schaefer, Larry, P, Mr.,

Mailing Address 2013 Newmarket Dr

City
Louisville

State
KY

Zip Code
40222-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AssuredPartners, Inc.

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 41298570

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Frattarola, Robert, , Mr.,

Mailing Address 17 State St Floor 23

City
New York

State
NY

Zip Code
10004-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Herbert L. Jamison & Co. LLC of NY

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 41298571

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)..... ►

1250.00