

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

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

FOR LINE NUMBER: PAGE 9 OF 225

(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. Norton, Bryan, , Mr.,

Mailing Address 444 W 47th St Ste 900

City
Kansas City

State
MO

Zip Code
64112-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lockton, Inc.

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2019

Transaction ID : 44065400

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schaffler, Thomas, , Mr.,

Mailing Address 500 W. Monroe St Suite 3400

City
Chicago

State
IL

Zip Code
60661-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lockton, 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
09 / 03 / 2019

Transaction ID : 44065401

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Harte, Thomas, , Mr., Jr.

Mailing Address 500 W. Monroe St Suite 3400

City
Chicago

State
IL

Zip Code
60661-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lockton, 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
09 / 03 / 2019

Transaction ID : 44065402

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1750.00

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