

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)

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☒ 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. Santucci, Michelle, , Ms.,

Mailing Address 2355 Crenshaw Blvd Ste 200
Suite 200

City
Torrance

State
CA

Zip Code
90501-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keenan

Occupation (for Individual)

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2019

Transaction ID : 44065648

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Stocksdale, Todd, A, Mr.,

Mailing Address 4500 Town Center Blvd Ste 200

City

Jeffersonville

State

IN

Zip Code

47130-7149

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 ▼

2500.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2019

Transaction ID : 44065649

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Kosin, Catherine, L, Ms.,

Mailing Address 700 Forest Ave.

City

Birmingham

State

MI

Zip Code

48009-6444

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : 44065651

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4000.00