

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

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

FOR LINE NUMBER: PAGE 199 OF 225

(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. Wienkes, Jodi, , Ms.,

Mailing Address 828 John Nolen Dr

City
Madison

State
WI

Zip Code
53713-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M3 Insurance

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2019

Transaction ID : 44079140

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

B. Acuna, Anna, , Mrs.,

Mailing Address 1144 S Westlake Ave

City
Los Angeles

State
CA

Zip Code
90006-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bolton & Company

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

09 / 12 / 2019

Transaction ID : 44084172

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$150.00 This
changes the YTD Total to \$150.00

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

C. Colagrossi, Louis, A, Mr.,

Mailing Address 3900 Kinross Lakes Pkwy Ste 300

City
Richfield

State
OH

Zip Code
44286-9381

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AssuredPartners Of Ohio, LLC

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

610.00

Date of Receipt

09 / 20 / 2019

Transaction ID : 44084173

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$600.00 This
changes the YTD Total to \$610.00

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

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

12.50

284710.04