

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trinrud, Scott, , Mr.,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	9		

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

City
Eau ClaireState
WIZip Code
54701-7777

FEC Identification Number

C**Transaction ID : 43146047**

Amount of Each Disbursement this Period

208.31

Purpose of Disbursement
Refund of contribution on Year-End 2018 Report

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

☐ Refund of contribution on Year-End
Memo Item 2018 Report

Full Name (Last, First, Middle Initial)

B. Van Asten, Cynthia, , Ms.,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	9		

Mailing Address 480 Pilgrim Way Ste 1230

City
Green BayState
WIZip Code
54304-5279

FEC Identification Number

C**Transaction ID : 43146048**

Amount of Each Disbursement this Period

1041.62

Purpose of Disbursement
Refund of contribution on Year-End 2018 Report

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

☐ Refund of contribution on Year-End
Memo Item 2018 Report

Full Name (Last, First, Middle Initial)

C. Van Dam, Dale, E, Mr.,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	9		

Mailing Address 1425 Discovery Parkway

City
WauwatosaState
WIZip Code
53226-1337

FEC Identification Number

C**Transaction ID : 43146059**

Amount of Each Disbursement this Period

1041.62

Purpose of Disbursement
Refund of contribution on Year-End 2018 Report

010

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

☐ Refund of contribution on Year-End
Memo Item 2018 Report**SUBTOTAL** of Disbursements This Page (optional).....▶

2291.55

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