

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. Sullivan, Thomas, J, Mr.,

Mailing Address 10 Institute Road

City
Worcester

State
MA

Zip Code
01609-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sullivan, Garrity & Donnelly Insurance

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 Y
08 / 18 / 2017

Transaction ID : 41221219

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cooper, Skip, , Mr.,

Mailing Address 200 Nash Circle

City
Birmingham

State
AL

Zip Code
35213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmWINS Brokerage of Alabama

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : 41221221

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Reiser, Thomas, , Mr.,

Mailing Address 5664 Prairie Creek Dr

City
Caledonia

State
MI

Zip Code
49316-8081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acrisure

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : 41221222

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

8500.00