

# **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. O'Hara, Cassidy, , Mr.,**

Mailing Address 738 North First Street

City  
San Jose

State  
CA

Zip Code  
95112-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Filice Insurance Agency/Acrisure

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2017

**Transaction ID : 41221269**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Mullis, Sam, , Mr.,**

Mailing Address 5057 Keller Springs Rd #400

City  
Addison

State  
TX

Zip Code  
75001-6347

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

08 / 18 / 2017

**Transaction ID : 41221270**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Purvis, Randy, , Mr.,**

Mailing Address 10101 Reunion Place, Suite 100

City  
San Antonio

State  
TX

Zip Code  
78216-4165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IBTX Risk Services

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2017

**Transaction ID : 41221271**

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)..... ►

4500.00