

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

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

FOR LINE NUMBER: PAGE 25 OF 86

(check only one)

☒ 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. Trevisan, Jonathan, M, Mr.,

Mailing Address 101 Arch St Ste 1500

City
Boston

State
MA

Zip Code
02110-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McGriff Insurance Services, Inc.

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
02 / 10 / 2020

Transaction ID : 44611191

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Gjellum, Kristi, W, Ms.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The IMA Financial Group, Inc.

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
02 / 10 / 2020

Transaction ID : 44611192

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Albright, John, , Mr., Esq

Mailing Address 300 N La Salle Dr FI 17

City
Chicago

State
IL

Zip Code
60654-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hub International Ltd.

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2020

Transaction ID : 44611193

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2500.00

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