

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

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

FOR LINE NUMBER: PAGE 73 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. Rose, Mark, , ,**

Mailing Address 11850 SW 67th Ave Ste 100

City  
Portland

State  
OR

Zip Code  
97223-8963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Partners Group, Ltd, The

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2020

**Transaction ID : 44611918**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Fitzpatrick, Tim, , ,**

Mailing Address 1451 Route 34, Ste 101

City

Wall Township

State

NJ

Zip Code

07727-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Office of America, Inc.

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2020

**Transaction ID : 44611919**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Milward, Will, , ,**

Mailing Address 360 E Vine St Ste 200

City

Lexington

State

KY

Zip Code

40507-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. Smith Lanier & Co., Inc.

Occupation (for Individual)  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2020

**Transaction ID : 44611925**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

800.00