

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

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

FOR LINE NUMBER: PAGE 62 OF 104

(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. Bang, Kate, , ,

Mailing Address 1301 E 9th St

City
Cleveland

State
OH

Zip Code
44114-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USI 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
06 / 03 / 2019

Transaction ID : 43689141

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Hebert, Chris, , ,

Mailing Address 500 Dover Blvd Ste 110

City
Lafayette

State
LA

Zip Code
70503-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dwight W. Andrus Insurance, Inc.

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
06 / 03 / 2019

Transaction ID : 43689142

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Hemsy, Tricia, , ,

Mailing Address 1125 17th St Ste 900

City
Denver

State
CO

Zip Code
80202-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hub International Limited

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
06 / 04 / 2019

Transaction ID : 43689144

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

4000.00