

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

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

FOR LINE NUMBER: PAGE 11 OF 68

(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. Nardi, Angelo, M, Mr.,**

Mailing Address 195 Ashbury Cir

City  
Park Ridge

State  
IL

Zip Code  
60068-2874

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arthur J. Gallagher Risk Management Se

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  
04 / 07 / 2017

**Transaction ID : 40738409**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Cochran, Mike, , Mr.,**

Mailing Address 8950 Cal Ctr Dr., Bldg. 3 2nd Fl

City  
Sacramento

State  
CA

Zip Code  
95826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

InterWest Insurance Services, LLC

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  
04 / 07 / 2017

**Transaction ID : 40738410**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Wlasiuk, Sam, , Mr.,**

Mailing Address 8950 Cal Ctr Dr., Bldg. 3 2nd Fl

City  
Sacramento

State  
CA

Zip Code  
95826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

InterWest Insurance Services, LLC

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  
04 / 07 / 2017

**Transaction ID : 40738411**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

3100.00