

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

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

FOR LINE NUMBER: PAGE 41 OF 127

(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. DuBois, Joseph, G, Mr.,

Mailing Address 1100 Superior Ave E Ste 1500

City
Cleveland

State
OH

Zip Code
44114-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oswald Companies

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1072.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 44189951

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Feliciano, Brian, M, Mr.,

Mailing Address 1100 Superior Ave E Ste 1500

City
Cleveland

State
OH

Zip Code
44114-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oswald Companies

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
10 / 17 / 2019

Transaction ID : 44189952

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fisher, William, F, Mr.,

Mailing Address 1100 Superior Ave E Ste 1500

City
Cleveland

State
OH

Zip Code
44114-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oswald Companies

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 44189953

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

210.00

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