

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

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

FOR LINE NUMBER: PAGE 215 OF 233

(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. **Monard, Robert, T, Mr.,**

Mailing Address 811 Madison Ave Fl 10

City
Toledo

State
OH

Zip Code
43604-5626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hylant

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 43917112

Amount of Each Receipt this Period

41.52

☐ Memo Item

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

B. **Norris, Dave, C, Mr.,**

Mailing Address 10401 N. Meridian Street Suite 200

City
Indianapolis

State
IN

Zip Code
46290-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hylant

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 43917116

Amount of Each Receipt this Period

38.00

☐ Memo Item

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

C. **Stengle, E. James, , Mr., III**

Mailing Address 811 Madison Ave Fl 11

City
Toledo

State
OH

Zip Code
43604-5626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hylant

Occupation (for Individual)
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 43917124

Amount of Each Receipt this Period

41.52

☐ Memo Item

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

121.04

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