

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

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

FOR LINE NUMBER: PAGE 39 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Poole, Angela, , ,

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 ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : 44796462

Amount of Each Receipt this Period

41.68

☐ Memo Item

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

B. Lash, James, R, Mr., Jr.

Mailing Address 50 E Business Way Suite 420

City
Cincinnati

State
OH

Zip Code
45241

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 ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : 44796472

Amount of Each Receipt this Period

41.68

☐ Memo Item

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

C. McDaniel, Patrick, J, Mr.,

Mailing Address 2401 West Big Beaver Road Suite 40

City
Troy

State
MI

Zip Code
48084-3327

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 ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : 44796477

Amount of Each Receipt this Period

41.68

☐ Memo Item

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

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

125.04