

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Hawker, Lisa, G, Ms.,

Mailing Address 811 Madison Ave Fl 12

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2019

Transaction ID : 43592733

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Hujing, Denise, C, Ms.,

Mailing Address 750 B St Ste 2400

City
San Diego

State
CA

Zip Code
92101-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BB&T Insurance Services of California

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
05 / 07 / 2019

Transaction ID : 43592734

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Fasola, John, , Mr.,

Mailing Address 1100 Superior Ave E Ste 1500
1100 Superior Avenue E

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
05 / 07 / 2019

Transaction ID : 43592735

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4500.00