

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

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

FOR LINE NUMBER: PAGE 60 OF 77  
 (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. Donavan, Guylaine, , Ms.,**

Mailing Address 85 Campau Ave NW Ste 100

City

Grand Rapids

State

MI

Zip Code

49503-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hylant

Occupation (for Individual)

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY  
 05 / 29 / 2020

**Transaction ID : 44855387**

Amount of Each Receipt this Period

83.34

☐

Memo Item

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

**B. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.08

Date of Receipt

MM / DD / YYYY  
 05 / 29 / 2020

**Transaction ID : 44855395**

Amount of Each Receipt this Period

41.68

☐

Memo Item

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

**C. Hylant, Matthew, , Mr.,**

Mailing Address 85 Campau Ave NW Ste 100

City

Grand Rapids

State

MI

Zip Code

49503-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hylant

Occupation (for Individual)

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
 05 / 29 / 2020

**Transaction ID : 44855400**

Amount of Each Receipt this Period

40.00

☐

Memo Item

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

165.02

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