

# **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. Pridgeon, William, P, Mr.,**

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  
09 / 17 / 2019

**Transaction ID : 44065955**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Cook, Brian, H, Mr.,**

Mailing Address 7077 Bonneval Rd Ste 550  
Suite 550

City  
Jacksonville

State  
FL

Zip Code  
32216-6055

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2019

**Transaction ID : 44065956**

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

**C. Nixon, Mark, , Mr.,**

Mailing Address 7077 Bonneval Rd Ste 550

City  
Jacksonville

State  
FL

Zip Code  
32216-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hylant Group

Occupation (for Individual)

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2019

**Transaction ID : 44065957**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1775.00