

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

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

FOR LINE NUMBER: PAGE 83 OF 115

(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. Stewart, Rebecca, A, Ms.,

Mailing Address 811 Madison Ave Fl 8

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 ▼

502.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : 44270370

Amount of Each Receipt this Period

22.92

☐ Memo Item

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

B. Ugljesa, Michael, D, Mr.,

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 ▼

457.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : 44270373

Amount of Each Receipt this Period

41.68

☐ Memo Item

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

C. Wahl, Holly, M, Mrs.,

Mailing Address 811 Madison Avenue

City  
Toledo

State  
OH

Zip Code  
43604-5684

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 ▼

308.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2019

Transaction ID : 44270374

Amount of Each Receipt this Period

41.68

☐ Memo Item

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

106.28

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