

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

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

FOR LINE NUMBER: PAGE 96 OF 127

(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. Brown, Kent, S, Mr.,

Mailing Address 6714 Pointe Inverness Way Ste 100

City

Fort Wayne

State

IN

Zip Code

46804-7935

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

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44201403

Amount of Each Receipt this Period

24.00

☐ Memo Item

Memo Item

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

B. Curtis, Joe, , 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44201412

Amount of Each Receipt this Period

22.92

☐ Memo Item

Memo Item

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

C. Denman, Chris, B, 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
☐ Other (specify)

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : 44201413

Amount of Each Receipt this Period

25.00

☐ Memo Item

Memo Item

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

71.92

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