

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Insured Retirement Institute Political Action Committee

ADDRESS (number and street)

1101 New York Avenue NW

Ste 825

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00490474

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Meighan Little

Signature of Treasurer

Electronically Filed by John Meighan Little

Date

07

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Insured Retirement Institute Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		14960.48
(b) Cash on Hand at Beginning of Reporting Period	14960.48	
(c) Total Receipts (from Line 19)	24755.72	24755.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39716.20	39716.20
7. Total Disbursements (from Line 31)	13044.16	13044.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26672.04	26672.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Insured Retirement Institute Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6000.00	6000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6000.00	6000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	18750.00	18750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24750.00	24750.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.72	5.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24755.72	24755.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24755.72	24755.72

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	44.16	44.16	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	44.16	44.16	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13044.16	13044.16	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13044.16	13044.16	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24750.00	24750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24750.00	24750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44.16	44.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44.16	44.16

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Mulhall

Mailing Address 73 Clover Avenue

City

Floral Park

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch Global Weal-
th

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.4126

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Mulhall

Mailing Address 73 Clover Avenue

City

Floral Park

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch Global Weal-
th

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Terry Mullen

Mailing Address 543 Boston Post Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
SunLife Financial Distrib-
utors

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.4130

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Pelletier

Mailing Address 127 Hollow Tree Ridge Road
Apartment 1603

City State Zip Code
Darien CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential Financial

Occupation
President, Prudential Annuities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.4128

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

6000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AEGON USA, LLC PAC

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 500A SOUTHCity State Zip Code
WASHINGTON DC 20004FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 1 1

Transaction ID: SA11C.4132

Amount of Each Receipt this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE (AXA EQUITABLE LIFE)

Mailing Address 1290 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10104FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11C.4141

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

ING AMERICA INSURANCE HOLDINGS INC POLITICAL ACTION COMMITTEE (ING US PAC)

Mailing Address ONE ORANGE WAY - C1N

City State Zip Code
WINDSOR CT 06095FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11C.4143

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LPL FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE (LPL PAC)

Mailing Address ONE BEACON STREET 22ND FLOOR

City

BOSTON

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

C00486217

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11C.4189

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA
1-27-10

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11C.4138

Amount of Each Receipt this Period

1250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City

NEW YORK

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11C.4135

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THE HARTFORD ADVOCATES FUND

Mailing Address ONE HARTFORD PLAZA

City State Zip Code
HARTFORD CT 06155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: SA11C.4124

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

18750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A. Full Name (Last, First, Middle Initial)
BACHUS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 131134

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement
Candidate Donation

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 06

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4153

Date of Disbursement

03 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement
Candidate Donation

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 03

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4161

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CRAPO, MICHAEL D

Mailing Address 239 DIRKSEN SENATE OFFICE BLDG

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement
Candidate Donation

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ID District: 00

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4164

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CRAPO, MICHAEL D

Mailing Address 239 DIRKSEN SENATE OFFICE BLDG

City
WASHINGTON

State
DC

Zip Code
20510

Purpose of Disbursement

Candidate Donation

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB23.4180

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City
LAKELAND

State
FL

Zip Code
33807

Purpose of Disbursement

Candidate Donation

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: SB23.4155

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City
BAKERSFIELD

State
CA

Zip Code
93389

Purpose of Disbursement

Candidate Donation

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.4159

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement
Candidate Donation

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MT District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4151

Date of Disbursement

03 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

RUSH HOLT FOR CONGRESS

Mailing Address PO BOX 782

City
PENNINGTON

State
NJ

Zip Code
08534

Purpose of Disbursement
Candidate Donation

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 12

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4157

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City
AUSTIN

State
TX

Zip Code
78711

Purpose of Disbursement
Candidate Donation

Candidate Name

TEXANS FOR SENATOR JOHN CORNYN INC

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: TX District: 00

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4147

Date of Disbursement

02 / 07 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Insured Retirement Institute Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TOOMEY, PATRICK JOSEPH

Mailing Address 5250 WHEATLAND DR

City
ZIONSVILLEState
PAZip Code
18092Purpose of Disbursement
Candidate Donation

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4168

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13000.00