

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 The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) 701 Pennsylvania Avenue, NW Suite 750 Washington DC 20004 2608 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00039578 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 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 Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 07 19 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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		345348.11
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	249245.60									
(c) Total Receipts (from Line 19)	48364.93	227937.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	297610.53	573285.73								
7. Total Disbursements (from Line 31)	62031.04	337706.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	235579.49	235579.49								
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**

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
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)	37415.36	194941.46
(ii) Unitemized	9949.57	26996.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47364.93	221937.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	48364.93	227937.62
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.)	0.00	0.00
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))	48364.93	227937.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48364.93	227937.62

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.....	46.15	3909.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	46.15	3909.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	61000.00	315900.00
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.....	984.89	17896.94
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))..	62031.04	337706.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62031.04	337706.24

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)	48364.93	227937.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48364.93	227937.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46.15	3909.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46.15	3909.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 54
(check only one)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mitchell C. Andrews

Mailing Address 28 Hidden Brook Dr

City State Zip Code
North Barrington IL 60010-6914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Plexus Groupe LLC (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1416.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33380594

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey E. Brogan

Mailing Address 5823 Sand Shell Court

City State Zip Code
Dallas TX 75252-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Plexus Groupe LLC, The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33380596

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Mr. Walter R. Fawcett, III

Mailing Address 310 Macalpin Court

City State Zip Code
Inverness IL 60010-6426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Plexus Groupe LLC (HQ) President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1416.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33380597

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► 206.68

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 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. William H. Lacey

Mailing Address 5321 Pebblebrook Dr

City State Zip Code
Dallas TX 75229-5506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Plexus Groupe LLC Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.70

Date of Receipt
MM / DD / YYYY
06 / 01 / 2011

Transaction ID: 33380600

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City State Zip Code
Riverwoods IL 60015-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Plexus Groupe LLC (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
MM / DD / YYYY
06 / 01 / 2011

Transaction ID: 33380602

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Mr. J. Norman Eckstein

Mailing Address 121 Grandon Road

City State Zip Code
Dayton OH 45419-1344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brower Insurance Agency, LLC (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: 33411157

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **666.68**

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 8 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Jack Heller

Mailing Address 124 Londonberry Ter

City State Zip Code
Southlake TX 76092-7321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Insphere Insurance Solutions, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2011

Transaction ID: 33423751

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark G. Cornish

Mailing Address 1475 Hilltop Road

City State Zip Code
Chester Springs PA 19425-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRION/Marsh (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2011

Transaction ID: 33423752

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Denise Hujung

Mailing Address 3008 Via Donito

City State Zip Code
Alpine CA 91901-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BB&T - John Burnham Insurance Services Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2011

Transaction ID: 33433643

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 9 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kenneth Fasola

Mailing Address 1000 Wildhurst Trail

City State Zip Code
Mound MN 55364-9639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Insphere Insurance Solutions, Inc. 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
06 / 08 / 2011

Transaction ID: 33433725

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Marc Paletta

Mailing Address 183 Mark Twain Ave

City State Zip Code
San Rafael CA 94903-2820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heffernan Group 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
06 / 08 / 2011

Transaction ID: 33433733

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dennis M. Donahue

Mailing Address 805 West Willow Street

City State Zip Code
Palatine IL 60067-0921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wells Fargo Insurance Services, Inc. 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
06 / 08 / 2011

Transaction ID: 33433735

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 / 54
(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

A. Full Name (Last, First, Middle Initial)
Ms. Amy W. Hecklinger

Mailing Address 523 Clermont Street

City State Zip Code
Denver CO 80220-5021

FEC ID number of contributing federal political committee. **C**

Name of Employer: Van Gilder Insurance Corporation (HQ)
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 06 / 08 / 2011
Transaction ID: 33433737
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Sullivan

Mailing Address 27455 Bridle Place

City State Zip Code
Chantilly VA 20152-6410

FEC ID number of contributing federal political committee. **C**

Name of Employer: Digital Insurance, Inc. (HQ)
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt: 06 / 08 / 2011
Transaction ID: 33433738
 Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Arthur Southam

Mailing Address 130 Adelaide Dr

City State Zip Code
Santa Monica CA 90402-1224

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kaiser Permanente
Occupation: EVP, Health Plan Ops.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: 33439289
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. J. Michael Brewer

Mailing Address 7881 Howe Circle

City State Zip Code
Prairie Village KS 66208-4261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lockton, Inc. (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33439292

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Daryl Chapman

Mailing Address 16 Caldwell Lane

City State Zip Code
Davidson NC 28036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
National Employee Benefit Companies (N Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33439293

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey T. Calder

Mailing Address 2 Abbott Court

City State Zip Code
Orinda CA 94563-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Barney & Barney Insurance broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33439294

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 54
(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

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Williams

Mailing Address 5200 Northshore Dr.

City State Zip Code
Frisco TX 75034-7575

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Careington CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: 33439295

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert N. Munao

Mailing Address 100 Mt. Misery Road

City State Zip Code
Huntington NY 11743-6611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thesco Benefits/Alliant Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439568

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia O. Villemarette

Mailing Address 4209 Troy Street

City State Zip Code
Metairie LA 70001-3548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eustis Insurance, Inc. (H-Q) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439569

Amount of Each Receipt this Period
1000.00

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 13 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven S. Finden

Mailing Address 579 Hidden Ridge Court

City State Zip Code
Encinitas CA 92024-5839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439570

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas J. Van Ryn

Mailing Address 6050 Poplar Spring Drive

City State Zip Code
Norcross GA 30092-1383

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J. Smith Lanier & Co., In-c. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439571

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Philip F. Saussy

Mailing Address 1420 Saint Marys Dr

City State Zip Code
Waycross GA 31501-4321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J. Smith Lanier & Co., In-c. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439572

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 14 / 54
(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

A. Full Name (Last, First, Middle Initial)
Scott D. Dillabaugh

Mailing Address 95 Ruskin Road

City State Zip Code
Amherst NY 14226-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hylant Group Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439573

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael O'Connor

Mailing Address 10219 Via Pescadero

City State Zip Code
Moreno Valley CA 92557-2744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hub International Limited (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439574

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald B. Sheehan

Mailing Address 115 Falcon Ridge Drive

City State Zip Code
Exeter RI 02822-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
National Employee Benefit Companies (N Insurance broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2011

Transaction ID: 33439575

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 15 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Wayne Mertel

Mailing Address 6929 Meadowlark Lane

City State Zip Code
Shawnee KS 66226-3546

FEC ID number of contributing federal political committee. **C**

Name of Employer (HQ)
Digital Insurance, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 33439578

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Jed Skeete

Mailing Address 672 Flintdale Road

City State Zip Code
Houston TX 77024-5135

FEC ID number of contributing federal political committee. **C**

Name of Employer (HQ)
McGriff, Seibels & Williams of Texas

Occupation
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
0	6	/	1	3	/	2	0	1	1

Transaction ID: 33439600

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia J. Bowman

Mailing Address 1360 E. 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing federal political committee. **C**

Name of Employer (HQ)
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

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

Transaction ID: 33445554

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 16 / 54

(check only one)

<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)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City State Zip Code
Hudson OH 44236-3780

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: 33445555

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Joseph DuBois

Mailing Address 10485 Penniman Drive

City State Zip Code
Chardon OH 44024-8230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 33445557

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Eric L. Krieg

Mailing Address 31724 Leeward CT

City State Zip Code
Avon Lake OH 44012-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

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

Transaction ID: 33445561

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

152.00

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 17 / 54
(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

A. Full Name (Last, First, Middle Initial)
Jill E. Laverdiere

Mailing Address 3106 Willowbrook Drive

City State Zip Code
Reminderville OH 44202-8145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2011

Transaction ID: 33445563

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. William J. Leonard

Mailing Address 29767 Devonshire Oval

City State Zip Code
Westlake OH 44145-3895

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2011

Transaction ID: 33445564

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
William C. McCarthy

Mailing Address 7347 LaScala Drive

City State Zip Code
Hudson OH 44236-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 01 / 2011

Transaction ID: 33445566

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **134.00**

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 18 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street
Suite 600

City CLEVELAND State OH Zip Code 44114-1737

FEC ID number of contributing federal political committee. **C**

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 01 / 2011
Transaction ID: 33445660
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Mr. Chris G. Pulos

Mailing Address 6711 Oak Field Drive

City Dayton State OH Zip Code 45415-1526

FEC ID number of contributing federal political committee. **C**

Name of Employer Brower Insurance Agency, LLC (HQ) Occupation Insurance broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 14 / 2011
Transaction ID: 33454605
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. David E. Griffin

Mailing Address 7116 Bigger Lane

City Centerville State OH Zip Code 45459-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer Brower Insurance Agency, LLC (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 14 / 2011
Transaction ID: 33454606
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 790.00

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 19 / 54

(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. John P. Jackson

Mailing Address 6829 Sycamore Creek Court

City State Zip Code
Dayton OH 45459-3241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brower Insurance Agency, Insurance Broker
LLC (HQ)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 33454607

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Christopher M. McAtee

Mailing Address 451 Mariclaire Avenue

City State Zip Code
Vandalia OH 45377-1566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brower Insurance Agency, Insurance Broker
LLC (HQ)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 33454608

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael D. Agnoni

Mailing Address 1360 E. 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 33454609

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

780.00

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 20 / 54
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial) Ms. Cynthia J. Bowman		Date of Receipt MM / DD / YYYY 06 / 14 / 2011
Mailing Address 1360 E 9th Street Suite 600		Transaction ID: 33454610
City Cleveland	State OH	Zip Code 44114-1737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

B.

Full Name (Last, First, Middle Initial) Mr. Paul Catania		Date of Receipt MM / DD / YYYY 06 / 14 / 2011
Mailing Address 5758 Williamsburg Circle		Transaction ID: 33454611
City Hudson	State OH	Zip Code 44236-3780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) Joseph DuBois		Date of Receipt MM / DD / YYYY 06 / 14 / 2011
Mailing Address 10485 Penniman Drive		Transaction ID: 33454612
City Chardon	State OH	Zip Code 44024-8230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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(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

A. Full Name (Last, First, Middle Initial)
Mr. Eric L. Krieg

Mailing Address 31724 Leeward CT

City Avon Lake State OH Zip Code 44012-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 06 / 14 / 2011
Transaction ID: 33454615
 Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Jill E. Laverdiere

Mailing Address 3106 Willowbrook Drive

City Reminderville State OH Zip Code 44202-8145

FEC ID number of contributing federal political committee. **C**

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 14 / 2011
Transaction ID: 33454616
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Mr. William J. Leonard

Mailing Address 29767 Devonshire Oval

City Westlake State OH Zip Code 44145-3895

FEC ID number of contributing federal political committee. **C**

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 06 / 14 / 2011
Transaction ID: 33454617
 Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 134.00

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 22 / 54
(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

A. Full Name (Last, First, Middle Initial)
William C. McCarthy
Mailing Address 7347 LaScala Drive
City Hudson State OH Zip Code 44236-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer Oswald Companies (HQ) Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 06 / 14 / 2011
Transaction ID: 33454618
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Ms. Melissa Robinson
Mailing Address 4024 West 157th Street
City Cleveland State OH Zip Code 44135-1232
FEC ID number of contributing federal political committee. **C**
Name of Employer Oswald Companies (HQ) Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 14 / 2011
Transaction ID: 33454623
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Schwab
Mailing Address 1360 E. 9th Street Suite 600
City CLEVELAND State OH Zip Code 44114-1737
FEC ID number of contributing federal political committee. **C**
Name of Employer Oswald Companies (HQ) Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 06 / 14 / 2011
Transaction ID: 33454624
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 112.00
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 23 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Theodore A. Betoni, Jr.

Mailing Address 601 Lippincott Avenue

City State Zip Code
Moorestown NJ 08057-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Acumen Re Management Corporation/Brown Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33469941

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. C. Roy Bridges

Mailing Address 4201 Bayshore Boulevard
Unit 1901

City State Zip Code
Tampa FL 33611-1669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33469942

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Colin E. Lowe

Mailing Address 23312 Boca Chica Circle

City State Zip Code
Boca Raton FL 33433-7261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown of Florida, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: 33469945

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 24 / 54
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. J. Scott Penny</p> <p>Mailing Address 1720 Bridgewater Drive</p> <p>City State Zip Code <u>Lake Mary</u> FL 32746-4103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brown & Brown, Inc. (HQ) Insurance Broker</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1</p> <p>Transaction ID: 33469946</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Michael J. Riordan</p> <p>Mailing Address 11640 Oak Avenue</p> <p>City State Zip Code <u>Seminole</u> FL 33772-7008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hull & Company, Inc. Insurance broker</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1</p> <p>Transaction ID: 33469947</p> <p>Amount of Each Receipt this Period 500.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Daniel K. Daly</p> <p>Mailing Address 420 West Point Ct.</p> <p>City State Zip Code <u>University City</u> MO 63130-4030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Parcel Insurance Plan, In- c/Brown & Bro Insurance Broker</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 1</p> <p>Transaction ID: 33484940</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
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 25 / 54

(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Paul A. Glantz

Mailing Address 303 Gray Woods Lane

City State Zip Code
Lake Angelus MI 48326-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer
Proctor Financial, Inc/Br-
own & Brown

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 33484941

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Linda J. Taylor

Mailing Address 9689 Cobblestone Drive

City State Zip Code
Clarence NY 14031-1580

FEC ID number of contributing federal political committee. **C**

Name of Employer
Brown & Brown, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 33484959

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Brian Chase Brooks

Mailing Address 406 Carman Drive

City State Zip Code
Leesburg FL 34748-7072

FEC ID number of contributing federal political committee. **C**

Name of Employer
Brown & Brown, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 33501129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 26 / 54
(check only one)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. J. Powell Brown

Mailing Address 460 Virginia Drive

City State Zip Code
Winter Park FL 32789-5805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. (HQ) Asst. V.P./Marketing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501130

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sara S. Butler

Mailing Address 3266 Winthrop Circle

City State Zip Code
Marietta GA 30067-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501131

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda S. Downs

Mailing Address 509 Florida St.

City State Zip Code
Orlando FL 32806-1329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501134

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 27 / 54

(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Jeffrey L. Eisen</p> <p>Mailing Address 610 Enclave Circle W</p> <p>City State Zip Code Pembroke Pines FL 33027-1218</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Florida Intra-coastal Underwriters</p> <p>Occupation Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2011</p> <p>Transaction ID: 33501135</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Laurel L. Grammig</p> <p>Mailing Address 21 Bahama Circle</p> <p>City State Zip Code Tampa FL 33606-3317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brown & Brown, Inc.</p> <p>Occupation Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2011</p> <p>Transaction ID: 33501137</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Anthony M. Grippa</p> <p>Mailing Address 145 Riverside Drive</p> <p>City State Zip Code Ormond Beach FL 32176-6537</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brown & Brown, Inc. (HQ)</p> <p>Occupation Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2011</p> <p>Transaction ID: 33501138</p> <p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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 28 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Richard A. Knudson

Mailing Address 527 Farmersville Road

City State Zip Code
Flemington NJ 08822-7146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown and Brown of Lehigh Valley Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501139

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. John T. Manner

Mailing Address 719 Catherine Street

City State Zip Code
Joliet IL 60435-5805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
John Manner Insurance Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501337

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Masters

Mailing Address 224 Calle Campesino

City State Zip Code
San Clemente CA 92672-4553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown of California Inc./DBA C Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501338

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 29 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Anthony T. Strianese

Mailing Address 245 Eagles Landing Way

City State Zip Code
McDonough GA 30253-4221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Peachtree Special Risk Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501345

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sara S. Butler

Mailing Address 3266 Winthrop Circle

City State Zip Code
Marietta GA 30067-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501346

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Cory T. Walker

Mailing Address 5 Tidewater Drive

City State Zip Code
Ormond Beach FL 32174-4295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501348

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 30 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. M. Decker Youngman, III

Mailing Address 4 Creek View Way

City State Zip Code
Ormond Beach FL 32174-6751

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown & Brown, Inc. (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501353

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. David L. Cooper

Mailing Address 4404 Stone Mountain Drive

City State Zip Code
Fort Worth TX 76123-1884

FEC ID number of contributing federal political committee. **C**

Name of Employer Roach Howard Smith & Barton Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501359

Amount of Each Receipt this Period
210.00

C.

Full Name (Last, First, Middle Initial)
Ms. Karen Farris

Mailing Address 7238 Briar Meadow

City State Zip Code
Dallas TX 75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Roach Howard Smith & Barton, Inc. (HQ) Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501361

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► **670.00**

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 31 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. John H. Hall

Mailing Address 4116 Greenbrier

City State Zip Code
Dallas TX 75225-6635

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton, Inc. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501363
 Amount of Each Receipt this Period: 210.00

B. Full Name (Last, First, Middle Initial)
Ms. Dorothy Hedman

Mailing Address 333 Village Tree Drive

City State Zip Code
Highland Village TX 75077-6961

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton, Inc. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501365
 Amount of Each Receipt this Period: 210.00

C. Full Name (Last, First, Middle Initial)
Mr. Doug Jones

Mailing Address 708 Greenleaf Drive

City State Zip Code
Richardson TX 75080-5015

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton, Inc. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501367
 Amount of Each Receipt this Period: 210.00

SUBTOTAL of Receipts This Page (optional) ► **630.00**

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 32 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. David J. Kohl

Mailing Address 7648 Hove Court

City State Zip Code
Plano TX 75025-3124

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton, Inc. (HQ) Occupation: Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501382
Amount of Each Receipt this Period: 210.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul R. Lindgren

Mailing Address 8750 North Central Expressway Suite 500

City State Zip Code
Dallas TX 75231-6436

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton, Inc. (HQ) Occupation: Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501384
Amount of Each Receipt this Period: 210.00

C. Full Name (Last, First, Middle Initial)
Mr. Barton H. Tucker

Mailing Address 3737 Arroyo Road

City State Zip Code
Fort Worth TX 76109-3410

FEC ID number of contributing federal political committee. **C**

Name of Employer: Roach Howard Smith & Barton Occupation: Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: 33501422
Amount of Each Receipt this Period: 210.00

SUBTOTAL of Receipts This Page (optional) ► 630.00

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 33 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Montag

Mailing Address 6020 E Doubletree Ranch Rd

City State Zip Code
Paradise Valley AZ 85253-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Unum Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 33501428

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City State Zip Code
Rexburg ID 83440-5092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Archibald Insurance Center (Leavitt) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: 33514662

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. William Barlocker

Mailing Address 308 West Jordan

City State Zip Code
Clovis CA 93611-7181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Barlocker Insurance Services (Leavitt) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: 33514663

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 34 / 54
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City State Zip Code
Colorado Springs CO 80918-1570

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIA-Leavitt Insurance Agency, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: 33514667

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Connell

Mailing Address P.O. Box 663

City State Zip Code
Diablo CA 94528-0663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
James C. Jenkins Insurance Service, In Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: 33514677

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code
Rocklin CA 95677-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
James C. Jenkins Insurance Service, In Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: 33514680

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 35 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code
Cedar City UT 84720-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leavitt Group (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2011

Transaction ID: 33514693

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Dane O. Leavitt

Mailing Address PO Box 130

City State Zip Code
Cedar City UT 84721-0130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Leavitt Group (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2011

Transaction ID: 33514704

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leavitt Group (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2011

Transaction ID: 33514710

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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 36 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City Hatch State NM Zip Code 87937-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 02 / 2011

Transaction ID: 33514891

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City San Jose State CA Zip Code 95139-1141

FEC ID number of contributing federal political committee. **C**

Name of Employer Leavitt Pacific Insurance Brokers Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 02 / 2011

Transaction ID: 33514896

Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Mr. Sam R. Boone

Mailing Address 8342 Via Rosa

City Orlando State FL Zip Code 32836-8788

FEC ID number of contributing federal political committee. **C**

Name of Employer United Self Insured Services/Brown & B Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2011

Transaction ID: 33520217

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 37 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Tom M. Huval

Mailing Address 1008 Rue Bois De Chene

City State Zip Code
Breaux Bridge LA 70517-6735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Huval Agency/Brown & Brown Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 33520218

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Charles H. Lydecker

Mailing Address 18 Broadriver Road

City State Zip Code
Ormond Beach FL 32174-8743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brown & Brown, Inc. (HQ) Senior V.P.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 33520220

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City State Zip Code
Rexburg ID 83440-5092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Archibald Insurance Center (Leavitt) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 33548025

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 38 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. William Barlocker

Mailing Address 308 West Jordan

City State Zip Code
Clovis CA 93611-7181

FEC ID number of contributing federal political committee. **C**

Name of Employer: Barlocker Insurance Services (Leavitt) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: 33548026
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City State Zip Code
Colorado Springs CO 80918-1570

FEC ID number of contributing federal political committee. **C**

Name of Employer: CIA-Leavitt Insurance Agency, Inc. Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: 33548030
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Mr. John Connell

Mailing Address P.O. Box 663

City State Zip Code
Diablo CA 94528-0663

FEC ID number of contributing federal political committee. **C**

Name of Employer: James C. Jenkins Insurance Service, In Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: 33548048
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 39 / 54
(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

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code
Rocklin CA 95677-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer James C. Jenkins Insurance Service, Inc. Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 33548051

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code
Cedar City UT 84720-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Leavitt Group (HQ), The Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 33548101

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Dane O. Leavitt

Mailing Address PO Box 130

City State Zip Code
Cedar City UT 84721-0130

FEC ID number of contributing federal political committee. **C**

Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 33548112

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 40 / 54
(check only one)

<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

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leavitt Group (HQ), The Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 33548175

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City State Zip Code
Hatch NM 87937-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leavitt Group Southwest, Inc. Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 33548188

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City State Zip Code
San Jose CA 95139-1141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leavitt Pacific Insurance Brokers Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 33548203

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

37415.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 54
	(check only one)	
<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Ameritas Life Insurance Corp. PAC		Date of Receipt
	Mailing Address 5900 O STREET		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	LINCOLN	NE	68510
	FEC ID number of contributing federal political committee.		Transaction ID: 33454602
	C C00187138		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

**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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: 33433741 Date of Disbursement 06 / 09 / 2011
	Mailing Address 60 East 42nd St. Suite 437	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10165	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name IMPACT	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy	Transaction ID: 33433744 Date of Disbursement 06 / 09 / 2011
	Mailing Address 151 Linden Road	Amount of Each Disbursement this Period 2500.00
	City Mineola State NY Zip Code 11501	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Carolyn McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 04	

C.	Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee	Transaction ID: 33433745 Date of Disbursement 06 / 09 / 2011
	Mailing Address 647 Main Street Suite 110	Amount of Each Disbursement this Period 2000.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Mark Critz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 12	

SUBTOTAL of Disbursements This Page (optional)	5500.00
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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: 33433746
Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011
Category/
Type

Candidate Name
Ms. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: 33433820
Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 33448209
Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

19000.00

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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kenny Marchant For Congress

Transaction ID: 33462882

Date of Disbursement

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

Mailing Address PO Box 110187

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement

011
Category/ Type

Candidate Name
Mr. Kenny Marchant

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 24

B.

Full Name (Last, First, Middle Initial)
Friends Of Congressman Tim Holden

Transaction ID: 33462883

Date of Disbursement

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

Mailing Address 18 North Second Street, Box 37

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Saint Clair PA 17970

Purpose of Disbursement

011
Category/ Type

Candidate Name
Rep. Tim Holden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 17

C.

Full Name (Last, First, Middle Initial)
Canseco For Congress

Transaction ID: 33462884

Date of Disbursement

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

Mailing Address 10004 Wurzbach Road #366

Amount of Each Disbursement this Period

2000.00

City State Zip Code
San Antonio TX 78230

Purpose of Disbursement

011
Category/ Type

Candidate Name
Mr. Francisco Canseco

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 23

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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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 45 / 54

<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)
The Council of Insurance Agents & Brokers Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 45</p>	<p>Transaction ID: 33462886</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dold For Congress</p> <p>Mailing Address PO Box 8145</p> <p>City Northfield State IL Zip Code 60093</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Robert Dold</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 10</p>	<p>Transaction ID: 33462921</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Culberson for Congress</p> <p>Mailing Address 14133 Memorial Drive Suite 5</p> <p>City Houston State TX Zip Code 77079</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John Culberson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 07</p>	<p>Transaction ID: 33462922</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement
Void - Marco Rubio For Us Senate

Candidate Name
Sen. Marco Rubio

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District:

Transaction ID: 33462925

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

-2500.00

Void - Marco Rubio For Us Senate

B.

Full Name (Last, First, Middle Initial)
Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement

Candidate Name
Sen. Marco Rubio

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: FL District: 2010 General Debt Re

Transaction ID: 33462926

Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Mike Ross for Congress Committee

Mailing Address PO Box 360
120 West Second Street North

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name
Mike Ross

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: AR District: 04

Transaction ID: 33484990

Date of Disbursement

06 / 27 / 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) ▶

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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Crowley for Congress

Transaction ID: 33484991
Date of Disbursement

Mailing Address 80 F Street NW
Number 804

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Joseph Crowley

Office Sought: House
 Senate
 President
State: NY District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Perlmutter For Congress

Transaction ID: 33484992
Date of Disbursement

Mailing Address 3440 Youngfield Street
#264

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Wheat Ridge State CO Zip Code 80033

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Rep. Edwin Perlmutter

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
John Carney For Congress

Transaction ID: 33484993
Date of Disbursement

Mailing Address PO Box 2162

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Wilmington State DE Zip Code 19899

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Mr. John Carney

Office Sought: House
 Senate
 President
State: DE District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012 <hr/> Mailing Address PO Box 848 <hr/> City State Zip Code Chattanooga TN 37401 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Robert Corker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485023 Date of Disbursement 06 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Manchin For West Virginia <hr/> Mailing Address PO Box 5202 <hr/> City State Zip Code Charleston WV 25361 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Joe Manchin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485024 Date of Disbursement 06 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Treasure State PAC <hr/> Mailing Address 3242 Cummins Way <hr/> City State Zip Code Missoula MT 59802 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485025 Date of Disbursement 06 / 27 / 2011 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Cantor For Congress

Transaction ID: 33485032
Date of Disbursement

Mailing Address P.O. Box 17813

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Richmond State VA Zip Code 23226

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00

Candidate Name
Mr. Eric Cantor

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 07

B.

Full Name (Last, First, Middle Initial)
Matsui For Congress

Transaction ID: 33485033
Date of Disbursement

Mailing Address PO Box 1738

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Sacramento State CA Zip Code 95812

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2000.00

Candidate Name
Ms. Doris Matsui

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 05

C.

Full Name (Last, First, Middle Initial)
Steve Fincher For Congress

Transaction ID: 33485035
Date of Disbursement

Mailing Address PO Box 11153

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

City Jackson State TN Zip Code 38308

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2500.00

Candidate Name
Mr. Steve Fincher

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 08

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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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)

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<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.	Transaction ID: 33485036 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO Box 80126	Amount of Each Disbursement this Period 1000.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Charles W. Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fitzpatrick For Congress	Transaction ID: 33485037 Date of Disbursement 06 / 27 / 2011
	Mailing Address 115 N Broad Street	Amount of Each Disbursement this Period 1000.00
	City Doylestown State PA Zip Code 18901	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Michael G. Fitzpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: 33485039 Date of Disbursement 06 / 23 / 2011
	Mailing Address P.O. Box 2525	Amount of Each Disbursement this Period 2500.00
	City Orange State CA Zip Code 92859	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Ed Royce	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Huizenga For Congress Mailing Address 441 William Court City Zeeland State MI Zip Code 49464 Purpose of Disbursement Candidate Name Rep. Bill Huizenga Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485040 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Concerned Americans For Freedom & Opportunity PAC (CAFO PAC) Mailing Address 228 S. Washington St. Suite B-20 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Concerned Americans For Freedom & Opportunity PAC (CAFO PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485042 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement Candidate Name Sen. Kay R. Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33485050 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
The Council of Insurance Agents & Brokers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Schock For Congress	Transaction ID: 33485129 Date of Disbursement 06 / 27 / 2011
	Mailing Address PO Box 10555	Amount of Each Disbursement this Period 1000.00
	City Peoria State IL Zip Code 61612	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Aaron Jon Schock	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee	Transaction ID: 33500968 Date of Disbursement 06 / 30 / 2011
	Mailing Address 610 S. Boulevard Street	Amount of Each Disbursement this Period 1000.00
	City Tampa State FL Zip Code 33606	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Kate Marshall	Transaction ID: 33501084 Date of Disbursement 06 / 30 / 2011
	Mailing Address PO Box 2897	Amount of Each Disbursement this Period 1000.00
	City Reno State NV Zip Code 89505	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ms. Kate Marshall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	61000.00

**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 53 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wired For Change/Salsa Labs Inc.

Mailing Address 1700 Connecticut Avenue, NW
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: 33433828

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: 33567239

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 33461636

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

46.15

SUBTOTAL of Disbursements This Page (optional)

46.15

TOTAL This Period (last page this line number only)

46.15