

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
 Check if different than previously reported. (ACC)
Washington DC 20004-2608

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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 05 18 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		201736.30
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	258071.11									
(c) Total Receipts (from Line 19)	63778.20	154095.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	321849.31	355831.60								
7. Total Disbursements (from Line 31)	77721.32	111703.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244127.99	244127.99								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	57826.00	142626.00
(i) Itemized (use Schedule A)	2952.20	8469.30
(ii) Unitemized	60778.20	151095.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60778.20	151095.30
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	3000.00	3000.00
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))	63778.20	154095.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63778.20	154095.30

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	2640.52	3422.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2640.52	3422.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75080.80	106080.80
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2200.65
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))..	77721.32	111703.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77721.32	111703.61

DETAILED SUMMARY PAGE
of Disbursements

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	60778.20	151095.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60778.20	151095.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2640.52	3422.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2640.52	3422.16

Form/Schedule : **F3XA**

Beginning balance changed to reflect adjustment made on the March 20th filing.

Transaction ID :

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

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

FOR LINE NUMBER: PAGE 7 / 34
(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. Kerry Drake

Mailing Address 6448 Province Lane
Baton Rouge

City State Zip Code
Baton Rouge LA 70808-3578

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

Name of Employer Occupation
BancorpSouth Insurance Services, Inc. Employee Benefits Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	9

Transaction ID: 29504143

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. James R. Davis

Mailing Address 1 White Pillars Lane

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
John L. Wortham & Son, L.-L.P. 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	3	/	0	3	/	2	0	0	9

Transaction ID: 29504154

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Morse

Mailing Address 24 Orient Avenue

City State Zip Code
Jamestown RI 02835-1834

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

Name of Employer Occupation
American Wholesale Insurance Group (AM) 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	3	/	0	3	/	2	0	0	9

Transaction ID: 29504158

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(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. Albert R. Counselman

Mailing Address 12313 Michaelsford Road

City State Zip Code
Cockeysville MD 21030

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

Name of Employer
Riggs, Counselman, Michael
& Downes.

Occupation
Insurance Broker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2009

Transaction ID: 29504159

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Counselman

Mailing Address 3409 Oakenshaw Place

City State Zip Code
Baltimore MD 21218-2806

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

Name of Employer
Riggs, Counselman, Michael
& Downes.

Occupation
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
03 / 03 / 2009

Transaction ID: 29504161

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Scott Jensen

Mailing Address 4945 Bergen Court

City State Zip Code
Cumming GA 30040-9707

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

Name of Employer
American Wholesale Insura-
nce Group (AM

Occupation
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
03 / 03 / 2009

Transaction ID: 29504190

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34
(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. Bill D. Henry

Mailing Address 6801 Baltimore Avenue

City State Zip Code
Dallas TX 75205-1229

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Tro-y, L.L.P. Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 29504192
 Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Dan Browning

Mailing Address 2401 Chiswick Lake Drive

City State Zip Code
Plano TX 75093

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Tro-y, L.L.P. Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 29504193
 Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Ms. Carla Sans

Mailing Address 4242 Lomo Alto Drive, 523

City State Zip Code
Dallas TX 75219-1538

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Tro-y, L.L.P. Occupation: Insurance broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 29504194
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 7500.00

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 / 34
(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. Kyle Moss		Date of Receipt MM / DD / YYYY 03 / 05 / 2009
Mailing Address 12700 Park Central Drive Suite 1700		Transaction ID: 29504195
City Dallas	State TX	Zip Code 75251-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer McQueary Henry Bowles Tro- y, L.L.P.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Mr. Dennis Donahue		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
Mailing Address 805 W. Willow Street		Transaction ID: 29549687
City Palatine	State IL	Zip Code 60067-0921
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Acordia, Inc-A Wells Fargo Company	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Mr. Larry Kaminsky		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
Mailing Address 10235 S. Greentree Court		Transaction ID: 29549780
City Olathe	State KS	Zip Code 66061-7447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Thomas McGee, L.C.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34
(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. Charles Rosson

Mailing Address 3373 Las Huertas Road

City State Zip Code
Lafayette CA 94549-5108

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

Name of Employer Woodruff-Sawyer & Company Occupation 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
03 / 09 / 2009

Transaction ID: 29549787

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Johnny Pitts

Mailing Address 3970 Grandview Avenue

City State Zip Code
Memphis TN 38111-7610

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

Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Chief Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 29549807

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Mathew Lipscomb, III

Mailing Address 1900 Baldwin Road

City State Zip Code
Lake Cormorant MS 38641-9619

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

Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Chief Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: 29549808

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 12 / 34
(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. Steve Brockmeyer

Mailing Address 1420 Oak Meadow Road

City State Zip Code
Arcadia CA 91006-2128

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

Name of Employer: Bolton & Co. Insurance Brokers
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: 29583300
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Anthony P. Campisi

Mailing Address 183 Leaders Heights Road

City State Zip Code
York PA 17402-4714

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

Name of Employer: Glatfelter Insurance Group
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: 29583302
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Hughston

Mailing Address 6475 Glendora Avenue

City State Zip Code
Dallas TX 75230

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

Name of Employer: Roach Howard Smith & Hunter
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: 29583306
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 / 34
(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. Ryan Wilkerson

Mailing Address 6731 Rainbow Avenue

City Mission Hills State KS Zip Code 66208-2265

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

Name of Employer Haas & Wilkerson, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: 29583309
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Hughes

Mailing Address 1357 East Lassen Avenue

City Chico State CA Zip Code 95973-7824

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

Name of Employer Interwest Insurance Services, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: 29583312
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy Fleming

Mailing Address 1842 Morgan Road

City Orono State MN Zip Code 55356-9519

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

Name of Employer RJF Agencies, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 17 / 2009
Transaction ID: 29583319
Amount of Each Receipt this Period: 2000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34
(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. Bill Jeatran

Mailing Address Ivy Avenue North

City State Zip Code
Grant MN 55082

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

Name of Employer RJF Agencies, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 29583377

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Mr. James J. McNasby

Mailing Address 31 West 11th Street
Apartment 6B

City State Zip Code
New York NY 10011-8663

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

Name of Employer Marsh Inc. Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 29583382

Amount of Each Receipt this Period
500.00

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

Mailing Address 4 Arrow Tree Drive

City State Zip Code
Briarcliff Manor NY 10510-2260

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

Name of Employer Marsh Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 29583387

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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 / 34
(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. H. Wade Reece

Mailing Address 1919 Reid Street

City Raleigh State NC Zip Code 27608

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

Name of Employer BB&T Insurance Services Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: 29583396
 Amount of Each Receipt this Period: 5000.00

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

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 Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: 29583426
 Amount of Each Receipt this Period: 90.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward X. McNamara

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 Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: 29583451
 Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ► **5174.00**

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 / 34

(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 State Zip Code
CLEVELAND OH 44114-1737

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

Name of Employer Occupation
Oswald Companies 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
03 / 20 / 2009

Transaction ID: 29583463

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Klonk

Mailing Address 11542 Elizabeth Circle

City State Zip Code
Strongsville OH 44149

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

Name of Employer Occupation
Oswald Companies Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2009

Transaction ID: 29600564

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roy Gonella

Mailing Address 120 13th Street

City State Zip Code
Manhattan Beach CA 90266-4707

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

Name of Employer Occupation
Mercer 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
03 / 24 / 2009

Transaction ID: 29600565

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3084.00

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 / 34
(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. Arthur J. Glatfelter

Mailing Address 8379 Fieldstone Lane

City State Zip Code
Dallastown PA 17313-9003

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

Name of Employer: Glatfelter Insurance Group
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 24 / 2009
Transaction ID: 29600566
Amount of Each Receipt this Period: 2500.00

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

Mailing Address 5440 S. Cottonwood Ct.

City State Zip Code
Littleton CO 80121

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

Name of Employer: Insurance Management Associates, Inc.
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 24 / 2009
Transaction ID: 29600567
Amount of Each Receipt this Period: 2500.00

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

Mailing Address 4554 Laclede Avenue #103

City State Zip Code
Saint Louis MO 63108-2156

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

Name of Employer: Daniel & Henry Company, The
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009
Transaction ID: 29600569
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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 / 34
(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. Stacey Braswell

Mailing Address 17418 Bridle Trails West

City State Zip Code
Glencoe MO 63038

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

Name of Employer Occupation
The Daniel & Henry Company Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: 29600572

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin O'Neil

Mailing Address 511 Acacia Avenue

City State Zip Code
San Bruno CA 94066-4221

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

Name of Employer Occupation
American Wholesale Insurance Group (AM) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: 29600574

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. W.H. 'Skip' Cooper, IV

Mailing Address 200 Nash Circle

City State Zip Code
Birmingham AL 35213-2512

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

Name of Employer Occupation
American Wholesale Insurance Group (AM) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3009.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 29600585

Amount of Each Receipt this Period
3009.00

SUBTOTAL of Receipts This Page (optional) ► **4309.00**

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 / 34
(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 DeCarlo

Mailing Address 2231 Sharon Lane

City State Zip Code
Charlotte NC 28211-3737

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

Name of Employer American Wholesale Insurance Group (AM) Occupation Insurance broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3009.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 29618749

Amount of Each Receipt this Period
3009.00

B.

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

Mailing Address 5726 Swan Drive

City State Zip Code
Clayton OH 45315

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

Name of Employer Brower Insurance Agency, The 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 Y
03 / 31 / 2009

Transaction ID: 29618750

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. James C. Drinkwater

Mailing Address 185 Mendham Road

City State Zip Code
Bernardville NJ 07924-1617

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

Name of Employer American Wholesale Insurance Group (AM) 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 Y
03 / 31 / 2009

Transaction ID: 29618751

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **5009.00**

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 / 34
(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 M. Ziegler

Mailing Address 12772 15th Street

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
Arthur J. Gallagher & Co. Insurance broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29618752

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Mangan

Mailing Address 350 Flintlock Road

City State Zip Code
Southport CT 06890-1079

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

Name of Employer Occupation
Hub International Limited Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 29618753

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ► 57826.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 34
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) Willis PAC		Date of Receipt
	Mailing Address 7 Hanover Square		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10004
	FEC ID number of contributing federal political committee.		C C00418731
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	
			Transaction ID: 29549783
			Amount of Each Receipt this Period <input type="text" value="3000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

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

<p>A. Full Name (Last, First, Middle Initial) Wicker For Senate</p> <p>Mailing Address PO Box 64</p> <p>City Jackson State MS Zip Code 39205</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Roger Wicker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: MS District:</p>	<p>Transaction ID: 29575854 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08</p>	<p>Transaction ID: 29575858 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address 80 F Street NW Number 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03</p>	<p>Transaction ID: 29575860 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02</p>	<p>Transaction ID: 29575862 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Peters For Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gary C. Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 09</p>	<p>Transaction ID: 29575863 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02</p>	<p>Transaction ID: 29575864 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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) Mike Crapo for US Senate	Transaction ID: 29575887 Date of Disbursement																			
	Mailing Address PO Box 1948	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
	City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name Mike Crapo	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:																				

B.	Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 29575888 Date of Disbursement																			
	Mailing Address 213 Lisbon St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Michael H. Michaud	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 02																				

C.	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress	Transaction ID: 29575890 Date of Disbursement																			
	Mailing Address PO Box 10322	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Bradley Miller	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 13																				

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)
Friends of Jack Kingston

Mailing Address 7360 Skidaway Road

City Savannah State GA Zip Code 31406

Purpose of Disbursement

011
Category/
Type

Candidate Name
Jack Kingston

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 01

Transaction ID: 29575892
Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

B.

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

Mailing Address 211 S. 5th St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011
Category/
Type

Candidate Name
Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 12

Transaction ID: 29575894
Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

C.

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

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Kenny Marchant

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 24

Transaction ID: 29575896
Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

2000.00

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) Chris Lee For Congress	Transaction ID: 29575898 Date of Disbursement 03 / 12 / 2009
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 2000.00
	City Rochester State NY Zip Code 14615	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Christopher Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 29575899 Date of Disbursement 03 / 12 / 2009
	Mailing Address 430 South Capitol Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Democratic Congressional Campaign Committee	
	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) National Republican Congressional Committee	Transaction ID: 29575902 Date of Disbursement 03 / 12 / 2009
	Mailing Address 320 1st St, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	32000.00
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) Bon Vivant Catering	Transaction ID: 29575907 Date of Disbursement 03 / 12 / 2009
	Mailing Address 6330 Dunman Way	Amount of Each Disbursement this Period 580.80
	City Alexandria State VA Zip Code 22315	
	Purpose of Disbursement Breakfast for Congressman Allen Boyd	011 Category/ Type
	Candidate Name Rep. Allen Boyd	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Breakfast for Congressman Allen Boyd

B.	Full Name (Last, First, Middle Initial) Jim Himes For Congress	Transaction ID: 29599157 Date of Disbursement 03 / 27 / 2009
	Mailing Address 857 Post Road, #312 Box 456	Amount of Each Disbursement this Period 1000.00
	City Fairfield State CT Zip Code 06824	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Jim Himes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski	Transaction ID: 29599178 Date of Disbursement 03 / 26 / 2009
	Mailing Address 103 South Hanover Street	Amount of Each Disbursement this Period 1000.00
	City Nanticoke State PA Zip Code 18634	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul E. Kanjorski	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2580.80
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

<p>A. Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski</p> <p>Mailing Address 103 South Hanover Street</p> <p>City Nanticoke State PA Zip Code 18634</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Paul E. Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599179 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	9													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Citizens for Bunning</p> <p>Mailing Address 1717 Dixie Highway Suite 180</p> <p>City Fort Wright State KY Zip Code 41011</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jim Bunning</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599181 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	9													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Cleaver For Congress</p> <p>Mailing Address 4801 Main Street, Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Emanuel Cleaver, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599183 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	6	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">5000.00</td></tr></table>	5000.00
5000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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

<p>A. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599184 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599185 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29599186 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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) Bennet For Colorado Mailing Address 1900 Grant Street Suite 1170 City Denver State CO Zip Code 80203 Purpose of Disbursement 011 Candidate Name Mr. Michael Bennet Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	Transaction ID: 29599187 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City Cheshire State CT Zip Code 06410 Purpose of Disbursement 011 Candidate Name Rep. Christopher S. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: 29599195 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Bachmann For Congress Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement 011 Candidate Name Michele Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	Transaction ID: 29599196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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) Markey For Congress	Transaction ID: 29599250 Date of Disbursement 03 / 26 / 2009
	Mailing Address PO Box 1333	Amount of Each Disbursement this Period 1000.00
	City Fort Collins State CO Zip Code 80521	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Elizabeth Markey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lamborn For Congress	Transaction ID: 29599251 Date of Disbursement 03 / 26 / 2009
	Mailing Address P.O. Box 64107	Amount of Each Disbursement this Period 1000.00
	City Colorado Springs State CO Zip Code 80962	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Doug Lamborn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Republican Majority Fund	Transaction ID: 29600322 Date of Disbursement 03 / 26 / 2009
	Mailing Address 101 Constitution Ave NW #900 W	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001	
	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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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) Maloney for Congress	Transaction ID: 29600332 Date of Disbursement
	Mailing Address 24 East 93rd Street Suite 4B	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Carolyn B. Maloney	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blaine For Congress 2008	Transaction ID: 29600334 Date of Disbursement
	Mailing Address PO Box 1526	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. W. Blaine Luetkemeyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Montanans For Tester	Transaction ID: 29600335 Date of Disbursement
	Mailing Address PO Box 1135	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Jon Tester	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 33 / 34

<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) Childers For Congress <hr/> Mailing Address PO Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Travis Wayne Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29600361 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2009
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/Type 011
B. Full Name (Last, First, Middle Initial) Garrett For Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29600591 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

75080.80

**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 34 / 34

<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) American Express <hr/> Mailing Address P.O. Box 2878 <hr/> City Omaha State NE Zip Code 68103-2878 <hr/> Purpose of Disbursement Candidate Name <hr/> 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: 29792481 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 644.73
	001 Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) First Data <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Candidate Name <hr/> 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: 29792539 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 733.99
	001 Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Wired For Change <hr/> Mailing Address 1700 Connecticut Avenue, NW Suite 403 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Candidate Name <hr/> 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: 29792543 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1200.00
	001 Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional)	2578.72
TOTAL This Period (last page this line number only)	2578.72