

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 (12S)
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 11 23 2010 through 12 31 2010

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 01 31 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		452936.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	349392.12									
(c) Total Receipts (from Line 19)	11564.84	545311.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360956.96	998247.34								
7. Total Disbursements (from Line 31)	15608.85	652899.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	345348.11	345348.11								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	5351.18	448760.71
(ii) Unitemized	1213.66	78550.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6564.84	527311.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6564.84	529311.29
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	5000.00	16000.00
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))	11564.84	545311.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11564.84	545311.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	5186.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	5186.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	622632.60
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.....	608.85	25079.69
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))..	15608.85	652899.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15608.85	652899.23

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)	6564.84	529311.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6564.84	529311.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5186.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5186.94

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

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

FOR LINE NUMBER: PAGE 6 / 36
(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)
Ms. Jenn Walsh

Mailing Address 1460 Bernal Avenue

City State Zip Code
Burlingame CA 94010-5560

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

Name of Employer Woodruff-Sawyer & Company (HQ)
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
1 2 / 0 1 / 2 0 1 0

Transaction ID: 32687730

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Nick Bueti

Mailing Address 3 Brookside Road

City State Zip Code
Beacon NY 12508-2422

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

Name of Employer Corporate Synergies Group, Inc.
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: 32708625

Amount of Each Receipt this Period
20.00

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

Mailing Address 4 Huntingdon Farm Dr

City State Zip Code
Glen Mills PA 19342-1479

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

Name of Employer Corporate Synergies Group, Inc. (HQ)
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: 32708626

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **1040.00**

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 7 / 36
(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. Dawn Flanzbaum

Mailing Address 116-13 Saxony Drive

City Runnemede State NJ Zip Code 08078-2140

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

Name of Employer Corporate Synergies Group, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 32708627
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Mr. Keith McCartin

Mailing Address 2024 Tulip Road

City Glenside State PA Zip Code 19038-5436

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

Name of Employer Corporate Synergies Group, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24

Date of Receipt 12 / 02 / 2010
Transaction ID: 32708628
Amount of Each Receipt this Period 20.84

C. Full Name (Last, First, Middle Initial)
Mr. Peter Michael Coen

Mailing Address 6 Lauren Lane

City Bayville State NY Zip Code 11709-1309

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

Name of Employer Corporate Synergies Group, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 32708629
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 70.84

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 8 / 36
(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. John Crable</p> <p>Mailing Address 712 Riverton Road</p> <p>City State Zip Code Moorestown NJ 08057-1919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Corporate Synergies Group, Inc. (HQ) 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 ▼ 720.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2010</p> <p>Transaction ID: 32708630</p> <p>Amount of Each Receipt this Period 40.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Jeffrey E. Brogan</p> <p>Mailing Address 5823 Sand Shell Court</p> <p>City State Zip Code Dallas TX 75252-2346</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Plexus Groupe LLC, The 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 ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2010</p> <p>Transaction ID: 32708658</p> <p>Amount of Each Receipt this Period 40.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr Geoff Isaac</p> <p>Mailing Address 2715 Crabtree Lane</p> <p>City State Zip Code Northbrook IL 60062-3412</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Plexus Groupe LLC (HQ), The 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 ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2010</p> <p>Transaction ID: 32708659</p> <p>Amount of Each Receipt this Period 26.00</p>
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SUBTOTAL of Receipts This Page (optional)	106.00
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 / 36
(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. Kerry R. Martin		Date of Receipt MM / DD / YYYY 11 / 29 / 2010
Mailing Address 1792 Clendenin Lane		Transaction ID: 32708660
City Riverwoods	State IL	Zip Code 60015-1722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer The Plexus Groupe LLC (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

B.

Full Name (Last, First, Middle Initial) Mr. Glenn D. Morrison		Date of Receipt MM / DD / YYYY 11 / 29 / 2010
Mailing Address 1015 Gaslight Drive		Transaction ID: 32708661
City Algonquin	State IL	Zip Code 60102-3213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer The Plexus Groupe LLC (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) Mrs. Christina L. Robbins		Date of Receipt MM / DD / YYYY 11 / 29 / 2010
Mailing Address 1016 Arbor Court		Transaction ID: 32708662
City Mount Prospect	State IL	Zip Code 60056-4477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Plexus Groupe LLC (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	128.34
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 / 36
(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 W. Vogel

Mailing Address 980 Plum Tree Road

City State Zip Code
Fox River Grove IL 60021-1860

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 32708665

Amount of Each Receipt this Period
20.00

B. 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) ▼ 330.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 32708667

Amount of Each Receipt this Period
30.00

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 Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1360.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2010

Transaction ID: 32708668

Amount of Each Receipt this Period
200.00

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)
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FOR LINE NUMBER: PAGE 11 / 36
(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. 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 ▼ 550.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708669

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708670

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708675

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 12 / 36
(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)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708676

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708677

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 1 0

Transaction ID: 32708681

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36
(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. 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 ▼ 276.00

Date of Receipt 11 / 29 / 2010
Transaction ID: 32708685
Amount of Each Receipt this Period 30.00

B. 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 ▼ 400.00

Date of Receipt 11 / 29 / 2010
Transaction ID: 32708686
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Mr. Bryan M. Williams

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 ▼ 220.00

Date of Receipt 11 / 29 / 2010
Transaction ID: 32708689
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 / 36
(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. Don Gary Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440-5092

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 32731265
Amount of Each Receipt this Period 200.00

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

Mailing Address 308 West Jordan

City Clovis State CA Zip Code 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 ▼ 1200.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 32731266
Amount of Each Receipt this Period 100.00

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

Mailing Address 2720 Black Diamond Terrace

City Colorado Springs State CO Zip Code 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 ▼ 600.00

Date of Receipt 12 / 02 / 2010
Transaction ID: 32731271
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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 / 36
(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 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: 32733429

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City State Zip Code
Fairfield CA 94534-7855

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: 32733431

Amount of Each Receipt this Period
20.00

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 James C. Jenkins Insurance Service, In Occupation Insurance Broker

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

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: 32733432

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 / 36

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

Date of Receipt

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

Transaction ID: 32733454

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Kenney

Mailing Address 306 South 800 West

City State Zip Code
Cedar City UT 84720-3037

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 ▼ 440.00

Date of Receipt

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

Transaction ID: 32733464

Amount of Each Receipt this Period

30.00

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 Occupation
The Leavitt Group (HQ) 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
1 2 / 0 2 / 2 0 1 0

Transaction ID: 32733465

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

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 / 36
(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. 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 ▼ 1200.00

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

Transaction ID: 32733468

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 ▼ 1200.00

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

Transaction ID: 32733481

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 ▼ 600.00

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

Transaction ID: 32733487

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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. William R. Curtis

Mailing Address 1451 Bonnymede Drive

City State Zip Code
Santa Barbara CA 93108-2866

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

Name of Employer Occupation
SullivanCurtisMonroe Insurance Service 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
1 2 / 0 6 / 2 0 1 0

Transaction ID: 32752426

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen R. Sawyer

Mailing Address 670 Menlo Oaks Drive

City State Zip Code
Menlo Park CA 94025-2350

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

Name of Employer Occupation
Woodruff-Sawyer & Company (HQ) 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
1 2 / 1 7 / 2 0 1 0

Transaction ID: 32752429

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steven G. Mannos

Mailing Address 1530 S. State St.
Unit 17-G

City State Zip Code
Chicago IL 60605-2978

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

Name of Employer Occupation
Horton Group, The 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 Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: 32752430

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 19 / 36
(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. Don Gary Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440-5092

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 30 / 2010
Transaction ID: 32895763
Amount of Each Receipt this Period 200.00

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

Mailing Address 308 West Jordan

City Clovis State CA Zip Code 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 ▼ 1300.00

Date of Receipt 12 / 30 / 2010
Transaction ID: 32895764
Amount of Each Receipt this Period 100.00

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

Mailing Address 2720 Black Diamond Terrace

City Colorado Springs State CO Zip Code 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 ▼ 650.00

Date of Receipt 12 / 30 / 2010
Transaction ID: 32895769
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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 / 36

(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. Philip Morrison

Mailing Address P.O. Box 1114

City

Delta

State

UT

Zip Code

84624-1114

FEC ID number of contributing federal political committee.

C

Name of Employer
Day-Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

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

Transaction ID: 32895770

Amount of Each Receipt this Period

16.50

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Flanigan

Mailing Address 138 Daisy Lane

City

Quincy

State

CA

Zip Code

95971-9627

FEC ID number of contributing federal political committee.

C

Name of Employer
Flanigan-Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

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

Transaction ID: 32895774

Amount of Each Receipt this Period

16.50

C.

Full Name (Last, First, Middle Initial)

Ms. Valerie Flanigan

Mailing Address 138 Daisy Lane

City

Quincy

State

CA

Zip Code

95971-9627

FEC ID number of contributing federal political committee.

C

Name of Employer
Flanigan-Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

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

Transaction ID: 32895775

Amount of Each Receipt this Period

16.50

SUBTOTAL of Receipts This Page (optional)

49.50

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 21 / 36
(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. Jaron Hunt

Mailing Address 1619 West Lone Coyote Drive

City State Zip Code
Saint George UT 84770-6039

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

Name of Employer
Hunt Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895779

Amount of Each Receipt this Period
16.50

B.

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

Mailing Address 904 Arrow Court

City State Zip Code
Lincoln CA 95648-8289

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 ▼
214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895780

Amount of Each Receipt this Period
16.50

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 ▼
650.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895781

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **83.00**

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 / 36

(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. Curtis Perata

Mailing Address 2748 Seminole Circle

City State Zip Code
Fairfield CA 94534-7855

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 32895783

Amount of Each Receipt this Period

20.00

B.

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 Insurance Broker
Service, In

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

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

Transaction ID: 32895784

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Enriquez

Mailing Address 2160 Skyview Drive

City State Zip Code
Cedar City UT 84720-2232

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) ▼ 214.50

Date of Receipt

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

Transaction ID: 32895796

Amount of Each Receipt this Period

16.50

SUBTOTAL of Receipts This Page (optional)

86.50

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 / 36
(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. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895797

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory Gates

Mailing Address 2059 North Discovery Lane

City State Zip Code
Casa Grande AZ 85122-6113

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 ▼ 214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895799

Amount of Each Receipt this Period
16.50

C.

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

Mailing Address 1464 South Flagstone Road

City State Zip Code
St. George UT 84790-8525

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 ▼ 214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895801

Amount of Each Receipt this Period
16.50

SUBTOTAL of Receipts This Page (optional) ► **83.00**

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 / 36
(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. Mark Kenney		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 306 South 800 West		Transaction ID: 32895807
City Cedar City	State UT	Zip Code 84720-3037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Leavitt Group (HQ), The	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

B.

Full Name (Last, First, Middle Initial) Mr. Dane O. Leavitt		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address PO Box 130		Transaction ID: 32895808
City Cedar City	State UT	Zip Code 84721-0130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Leavitt Group (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) Mr. Rodney B. Leavitt		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 1970 Terra Vista Way		Transaction ID: 32895811
City Las Vegas	State NV	Zip Code 89117-2018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Leavitt Group (HQ), The	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	230.00
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 / 36
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Sunni Nelson</p> <p>Mailing Address 2011 South 2100 East #205</p> <p>City State Zip Code Salt Lake City UT 84108-3172</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Leavitt Group (HQ), The 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 ▼ 214.50</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2010</p> <p>Transaction ID: 32895814</p> <p>Amount of Each Receipt this Period 16.50</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Ms. Joanne P. Peake</p> <p>Mailing Address 1226 South Hillcrest Drive</p> <p>City State Zip Code Cedar City UT 84720-8289</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Leavitt Group (HQ) 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 ▼ 214.50</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2010</p> <p>Transaction ID: 32895816</p> <p>Amount of Each Receipt this Period 16.50</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Ms. Alma Franzoy-Capron</p> <p>Mailing Address HC 31 Box 200</p> <p>City State Zip Code Hatch NM 87937-9707</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Leavitt Group Southwest, Inc. 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 ▼ 1300.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2010</p> <p>Transaction ID: 32895824</p> <p>Amount of Each Receipt this Period 100.00</p>
--	--

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>133.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 36
(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. Marcus Cusick

Mailing Address 1501 Sun Copper Drive

City State Zip Code
Las Vegas NV 89117-7017

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

Name of Employer Occupation
Leavitt Group, The Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895826

Amount of Each Receipt this Period
16.50

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

Mailing Address 5032 Justice Creek

City State Zip Code
Las Vegas NV 89131-3694

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

Name of Employer Occupation
Leavitt Group, The

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895827

Amount of Each Receipt this Period
16.50

C. Full Name (Last, First, Middle Initial)
Mr. Jason Petersen

Mailing Address 812 Thorpe Drive

City State Zip Code
Spring Creek NV 89815-7421

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

Name of Employer Occupation
Leavitt Group, The Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 32895828

Amount of Each Receipt this Period
16.50

SUBTOTAL of Receipts This Page (optional) ► 49.50

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 / 36
(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. Lisa Rechenmacher

Mailing Address 5178 Alan Avenue

City State Zip Code
San Jose CA 95124-5743

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 ▼
214.50

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

Transaction ID: 32895829

Amount of Each Receipt this Period
16.50

B. 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
Leavitt Pacific Insurance Brokers

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

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

Transaction ID: 32895830

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Angelo Maroutsos

Mailing Address 11 Kent Court

City State Zip Code
Ladera Ranch CA 92694-1439

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

Name of Employer
PrideMark-Everest Insurance Services

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

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

Transaction ID: 32895835

Amount of Each Receipt this Period
16.50

SUBTOTAL of Receipts This Page (optional) ► **83.00**

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 / 36
(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. Ralph Graham

Mailing Address 1013 Hidden Ridge Drive

City State Zip Code
Woodworth LA 71485-9528

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

Name of Employer Risk Services of Louisiana, L.L.C. (Le
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

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

Transaction ID: 32895836

Amount of Each Receipt this Period
16.50

B.

Full Name (Last, First, Middle Initial)
Mr. Todd Toner

Mailing Address 500 Hogan Circle

City State Zip Code
Durango CO 81301-6236

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

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

Transaction ID: 32895839

Amount of Each Receipt this Period
16.50

C.

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

Mailing Address 21685 Dunrobbin Way

City State Zip Code
Yorba Linda CA 92887-2648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

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

Transaction ID: 32895844

Amount of Each Receipt this Period
16.50

SUBTOTAL of Receipts This Page (optional) ► **49.50**

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 / 36
(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. Cory Sorensen

Mailing Address PO Box 52

City State Zip Code
Annabella UT 84711-0052

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 214.50

Date of Receipt

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

Transaction ID: 32895853
 Amount of Each Receipt this Period
 16.50

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

Mailing Address P.O. Box 7210

City State Zip Code
Bunkerville NV 89007-0210

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 214.50

Date of Receipt

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

Transaction ID: 32895855
 Amount of Each Receipt this Period
 16.50

SUBTOTAL of Receipts This Page (optional)	33.00
TOTAL This Period (last page this line number only)	5351.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 36
(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)
Chris Dodd for President

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 32895758

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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 31 / 36

<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

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) Authorize.Net <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 <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: 32703961 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 45.00
B.	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: 32743709 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) PayPal, Inc. <hr/> Mailing Address 4100 Solutions Center, #774100 <hr/> City Chicago State IL Zip Code 60677-4001 <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: 32898440 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 72.35

SUBTOTAL of Disbursements This Page (optional) ▶	517.35
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

<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)

First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 32898441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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)

<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.</p> <p>Full Name (Last, First, Middle Initial) Peak PAC</p> <p>Mailing Address 122 C Street, NW Suite 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Peak PAC</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32705576</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	1	0												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Madison PAC</p> <p>Mailing Address 50 E Street, SE Suite 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name The Madison PAC</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32705601</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	1	0												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nunnelee For Congress</p> <p>Mailing Address 438 East Main St PO Box 7092</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Patrick Nunnelee</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: MS District: 01</p>	<p>Transaction ID: 32705602</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	1	0												

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) Visclosky For Congress <hr/> Mailing Address P.O. Box 10003 <hr/> City State Zip Code Merrillville IN 46411 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Peter J. Visclosky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32743705 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Steve Cohen For Congress <hr/> Mailing Address 349 Kenilworth Place <hr/> City State Zip Code Memphis TN 38112 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Stephen Cohen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32743706 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Diane Black For Congress <hr/> Mailing Address 819 Plantation Blvd <hr/> City State Zip Code Gallatin TN 37066 <hr/> Purpose of Disbursement <hr/> Candidate Name Ms. Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re	Transaction ID: 32743707 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re

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)

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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) Palazzo For Congress	Transaction ID: 32743708 Date of Disbursement 12 / 15 / 2010
	Mailing Address 13155 Highway 67 Suite B	Amount of Each Disbursement this Period 1000.00
	City Biloxi State MS Zip Code 39532	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Steven Palazzo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joe Walsh For Congress Committee, Inc.	Transaction ID: 32764791 Date of Disbursement 12 / 21 / 2010
	Mailing Address P.O. Box 56 830 W. Route 22	Amount of Each Disbursement this Period 5000.00
	City Lake Zurich State IL Zip Code 60047	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Joe Walsh	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Debt Re

C.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 32764809 Date of Disbursement 12 / 21 / 2010
	Mailing Address PO Box 530788	Amount of Each Disbursement this Period -2000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement Void - Mccotter Congressional Committee	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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)
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

Candidate Name
Rep. Thaddeus G. McCotter

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32764810

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

1500.00