

# 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 2007 through 03 31 2007

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 04 20 2007

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

**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	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		74294.32
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	141990.32									
(c) Total Receipts (from Line 19) .....	16000.00	101500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	157990.32	175794.32								
7. Total Disbursements (from Line 31) .....	71197.60	89001.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86792.72	86792.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	14000.00	94500.00
(i) Itemized (use Schedule A) .....	2000.00	2000.00
(ii) Unitemized .....	16000.00	96500.00
(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) .....	16000.00	96500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
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)) .....	16000.00	101500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16000.00	101500.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71197.60	89001.60
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	71197.60	89001.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	71197.60	89001.60

**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) .....	16000.00	96500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16000.00	96500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. Mr. H. Wade Reece</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1919 Reid Street		<b>Transaction ID: 25529785</b>	
City State Zip Code Raleigh NC 27608		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation BB&T Insurance Services Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher W. Powell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 506 Wellington Place		<b>Transaction ID: 25529791</b>	
City State Zip Code Charlottesville VA 22903		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation BB&T - Barger Insurance (BR) Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Drew M. Lamb</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 2108 Delamere Drive		<b>Transaction ID: 25529799</b>	
City State Zip Code Matthews NC 28104		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation BB&T-McPhail Bray Insurance Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Allan L. McVey		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 412 Burgess Drive		<b>Transaction ID:</b> 25529862
City State Zip Code Saint Albans WV 25117-3626	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T Insurance Services, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David M. Pruett		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 311 Howard Street PO Box 4600		<b>Transaction ID:</b> 25529871
City State Zip Code Mt. Airy NC 27030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T Insurance Services	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. H. Michael Arnaud		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 7103 Lake Henson Drive		<b>Transaction ID:</b> 25529874
City State Zip Code Summerfield NC 27358	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T Insurance Services	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jo Ella Barnes</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 5301 Westbard Circle Apt. 324		<b>Transaction ID: 25529889</b> Amount of Each Receipt this Period 500.00
City State Zip Code Bethesda MD 20816	FEC ID number of contributing federal political committee. C	
Name of Employer BB&T - Givens & Williams	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Keith F. Richardson</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007
Mailing Address P.O. Box 7300		<b>Transaction ID: 25529925</b> Amount of Each Receipt this Period 250.00
City State Zip Code Rocky Mount NC 27804	FEC ID number of contributing federal political committee. C	
Name of Employer BB&T Insurance Services, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Catherine M. Lamoreaux</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 1305 Caistor Lane		<b>Transaction ID: 25545094</b> Amount of Each Receipt this Period 500.00
City State Zip Code Raleigh NC 27614	FEC ID number of contributing federal political committee. C	
Name of Employer BB&T - Associated Insurers, Inc.	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael N. Cockerham		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 5455 Efird Road		Transaction ID: 25545191
City State Zip Code Wilmington NC 28409	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T Insurance Services	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Stephen E. Harville		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 3 Spring Creek Wynd		Transaction ID: 25653420
City State Zip Code Kingsport TN 37664	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T - KDC Insurance	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Fred Burns		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 2816 Avenue O		Transaction ID: 25662818
City State Zip Code Galveston TX 77550	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer John L. Wortham & Son, 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 24	
	(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"/> 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. Robert Hixon

Mailing Address 3412 Meadow Lake Lane

City State Zip Code  
Houston TX 77027

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

Name of Employer Occupation  
John L. Wortham & Son, L.- Insurance broker  
L.P.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 25662819

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14000.00

**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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Gillmor</b>		Transaction ID: 25527874 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 7750 North Country Road 51		Amount of Each Disbursement this Period 1000.00
City Old Fort State OH Zip Code 44861	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Paul E. Gillmor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chambliss For Senate</b>		Transaction ID: 25527842 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30355	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Saxby Chambliss		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Schultz Debbie Wasserman</b>		Transaction ID: 25527862 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 1071 Twin Branch Ln		Amount of Each Disbursement this Period 1000.00
City Weston State FL Zip Code 33326	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Debbie Schultz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Pearce For Congress</b>		<b>Transaction ID: 25527838</b>	
Mailing Address PO Box 2696		Date of Disbursement 03 / 09 / 2007	
City Hobbs	State NM	Zip Code 88241	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Stevan E. Pearce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM	District: 2		

Full Name (Last, First, Middle Initial) <b>B. Neugebauer Congressional Committee</b>		<b>Transaction ID: 25527844</b>	
Mailing Address P.O. Box 54175		Date of Disbursement 03 / 09 / 2007	
City Lubbock	State TX	Zip Code 79453	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Robert R. Neugebauer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 19		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean For Congress</b>		<b>Transaction ID: 25527836</b>	
Mailing Address Post Office Box 3068		Date of Disbursement 03 / 09 / 2007	
City Barrington	State IL	Zip Code 60010	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Melissa L. Bean			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. GAP PAC</b>		<b>Transaction ID: 25527868</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 2610 Ridge Road Drive		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	011 Category/ Type	
Purpose of Disbursement		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Klein For Congress</b>		<b>Transaction ID: 25527885</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 2500.00
City Boca Raton State FL Zip Code 33433	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Ronald Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Bud Cramer</b>		<b>Transaction ID: 25849350</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 417 Eustis Avenue		Amount of Each Disbursement this Period -1000.00
City Huntsville State AL Zip Code 35801	011 Category/ Type	
Purpose of Disbursement Void - Friends Of Bud Cramer		
Candidate Name Robert E. 'Bud' Cramer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ '06 PRIMARY CONGRESS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Demint For Senate Committee, Inc.</b>		Transaction ID: 25849352 Date of Disbursement 03 / 13 / 2007	
Mailing Address P.O. Box 10407 P.O. Box 10407		Amount of Each Disbursement this Period -1000.00	
City Greenville State SC Zip Code 29603	Purpose of Disbursement Void - Demint For Senate Committee, Inc.	011 Category/ Type	
Candidate Name Rep. Jim DeMint	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 4	Disbursement For: 2003 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ '06 GENERAL CONGRESS Void - Demint For Senate Committee, Inc.	

Full Name (Last, First, Middle Initial) <b>B. Tim Johnson for South Dakota</b>		Transaction ID: 25652834 Date of Disbursement 03 / 14 / 2007	
Mailing Address 420 C Street NE Lower Level		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement	011 Category/ Type	
Candidate Name Tim Johnson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 2	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Boyd for Congress</b>		Transaction ID: 25652837 Date of Disbursement 03 / 14 / 2007	
Mailing Address 227 Massachusetts Ave., NE Suite 101		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement	011 Category/ Type	
Candidate Name Allen Boyd	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Chris Dodd for President</b>		<b>Transaction ID: 25849357</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Christopher J. Dodd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Roger Wicker</b>		<b>Transaction ID: 25652840</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 874		Amount of Each Disbursement this Period 1000.00
City Tupelo State MS Zip Code 38802	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Roger Wicker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Meeks For Congress</b>		<b>Transaction ID: 25652838</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1831 Bay Street Se 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Gregory W. Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 6	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Roskam For Congress Committee</b>		<b>Transaction ID: 25652836</b>	
Mailing Address 423 W. Wesley Street		Date of Disbursement 03 / 14 / 2007	
City Wheaton	State IL	Zip Code 60189	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Peter Roskam			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 6		

Full Name (Last, First, Middle Initial) <b>B. Van Hollen For Congress</b>		<b>Transaction ID: 25652841</b>	
Mailing Address 10537 St. Paul Street		Date of Disbursement 03 / 14 / 2007	
City Kensington	State MD	Zip Code 20895	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Chris Van Hollen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 8		

Full Name (Last, First, Middle Initial) <b>C. Paul Ryan for Congress</b>		<b>Transaction ID: 25652922</b>	
Mailing Address P.O. Box 2776		Date of Disbursement 03 / 20 / 2007	
City Arlington	State VA	Zip Code 22202	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Moore for Congress</b>		<b>Transaction ID: 25652930</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address 80 F Street NW Number 804		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20001	Purpose of Disbursement 011 Category/Type		
Candidate Name Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Congressman Tim Holden</b>		<b>Transaction ID: 25652924</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address 729 15th St, NW 3rd Floor		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type		
Candidate Name Tim Holden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		<b>Transaction ID: 25652932</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Friends of Jack Kingston</b>		<b>Transaction ID: 25652931</b> Date of Disbursement
Mailing Address 7360 Skidaway Road		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Savannah	State GA	Zip Code 31406
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Jack Kingston		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 1	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. PETE PAC</b>		<b>Transaction ID: 25652915</b> Date of Disbursement
Mailing Address 7804 Evening Lane		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22306
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. GAP PAC</b>		<b>Transaction ID: 25652914</b> Date of Disbursement
Mailing Address 2610 Ridge Road Drive		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22302
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
		Amount of Each Disbursement this Period <input type="text" value="4000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> 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)

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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

Full Name (Last, First, Middle Initial) <b>A. Putnam for Congress Cmte</b>		<b>Transaction ID: 25663694</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 3323 North Washington Blvd.		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Adam Putnam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hobson for Congress Committee</b>		<b>Transaction ID: 25663678</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 2525 N. Limestone		Amount of Each Disbursement this Period 1000.00
City Springfield State OH Zip Code 45503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Dave Hobson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		<b>Transaction ID: 25663712</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 80 F Street NW Number 804		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. The Reed Committee</b>		Transaction ID: 25663709 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 8529 West Oak Place		Amount of Each Disbursement this Period 1000.00
City Vienna State VA Zip Code 22182	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John F. Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of John Boehner</b>		Transaction ID: 25663702 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 7908 Cincinnati-Dayton Road Suite I		Amount of Each Disbursement this Period 2000.00
City West Chester State OH Zip Code 45069	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John A. Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Bunning</b>		Transaction ID: 25663707 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 1000.00
City Fort Wright State KY Zip Code 41011	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jim Bunning		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Knollenberg for Congress</b>		<b>Transaction ID: 25663700</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 27877 Orchard Lake Drive		Amount of Each Disbursement this Period 1000.00
City Farmington Hills State MI Zip Code 48334		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Joe Knollenberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 11		

Full Name (Last, First, Middle Initial) <b>B. Pryce for Congress</b>		<b>Transaction ID: 25663708</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address C/O Mary Frances Pearson 1225 Connecticut Ave, NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

Full Name (Last, First, Middle Initial) <b>C. Walsh for Congress</b>		<b>Transaction ID: 25663706</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 1974		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13201		
Purpose of Disbursement	011 Category/ Type	
Candidate Name James T. Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Hagel for Nebraska</b>		<b>Transaction ID: 25663647</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 900 Second St., NE Suite 114		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Chuck Hagel		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Coleman For Senate 08</b>		<b>Transaction ID: 25663701</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Suite 270a		Amount of Each Disbursement this Period 1000.00
City St Paul State MN Zip Code 55128		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Norm Coleman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID: 25663705</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 122 Maryland Avenue NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<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

Full Name (Last, First, Middle Initial) <b>A. Brady For Congress</b>		<b>Transaction ID: 25663710</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 1000.00	
City The Woodlands	State TX		Zip Code 77387
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Kevin Brady			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 8			

Full Name (Last, First, Middle Initial) <b>B. Mchenry For Congress</b>		<b>Transaction ID: 25663703</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00	
City Hickory	State NC		Zip Code 28603
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Patrick T. McHenry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 10			

Full Name (Last, First, Middle Initial) <b>C. HAL PAC</b>		<b>Transaction ID: 25663653</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 616 E Street NW Suite 802		Amount of Each Disbursement this Period 1500.00	
City Washington	State DC		Zip Code 20004
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Beltway Catering</b>		<b>Transaction ID: 25663715</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 6330 Dunman Way		Amount of Each Disbursement this Period 697.60
City Alexandria State VA Zip Code 22315	In-Kind Contribution 011 Category/Type	
Purpose of Disbursement In-Kind Contribution		
Candidate Name Rep. Ronald Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Allyson Schwartz For Congress</b>		<b>Transaction ID: 25663693</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 1000.00
City Jenkintown State PA Zip Code 19046	In-Kind Contribution 011 Category/Type	
Purpose of Disbursement		
Candidate Name Rep. Allyson Y. Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID: 25663922</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address C/O Mary Frances Pearson 1225 Connecticut Ave, NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	In-Kind Contribution 011 Category/Type	
Purpose of Disbursement		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2697.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>71197.60</b>