



**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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		345348.11
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	320251.95									
(c) Total Receipts (from Line 19) .....	96888.00	115856.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	417139.95	461204.15								
7. Total Disbursements (from Line 31) .....	77689.65	121753.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	339450.30	339450.30								
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

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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	93250.00	103500.02
(ii) Unitemized .....	3638.00	7356.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	96888.00	110856.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	96888.00	115856.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	96888.00	115856.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	96888.00	115856.04

## 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.....	2378.32	2378.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2378.32	2378.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75311.33	118811.33
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	564.20
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))..	77689.65	121753.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77689.65	121753.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	96888.00	115856.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96888.00	115856.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2378.32	2378.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2378.32	2378.32

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

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John E. Butler

Mailing Address 2000 South Grandview Avenue

City State Zip Code  
Dubuque IA 52003-7923

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 32912583

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Brenda Buckerfield

Mailing Address 1000 Morningside Mountain Road

City State Zip Code  
Glen Ellen CA 95442

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

Name of Employer Beere & Purves Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2011

**Transaction ID:** 32918301

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David O. Becker

Mailing Address 1767 Dover Court

City State Zip Code  
Dubuque IA 52003-7893

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2011

**Transaction ID:** 32918303

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 35  
(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. Peter F. Cella

Mailing Address 4 Crockett Drive

City State Zip Code  
Moraga CA 94556-2800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Beere & Purves Inc. (HQ) Insurance Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
02 / 07 / 2011

**Transaction ID:** 32968316

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan F. Bone

Mailing Address 3372 McGraw Lane

City State Zip Code  
Lafayette CA 94549-2314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Beere & Purves Inc. (HQ) Insurance Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
02 / 07 / 2011

**Transaction ID:** 32968317

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Benjamin Francavilla

Mailing Address 1315 Georgetown Circle

City State Zip Code  
Carlisle PA 17013-3564

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Americana Program Underwriters, Inc. Insurance Broker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 07 / 2011

**Transaction ID:** 32968331

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4500.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wright C. Dickinson	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1630 Broadmoor Drive East	<b>Transaction ID:</b> 32969133
	City State Zip Code Seattle WA 98112-3748	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Beacon Risk Strategies Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. H. Wade Reece	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 1919 Reid Street	<b>Transaction ID:</b> 32969385
	City State Zip Code Raleigh NC 27608-2246	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BB&T Insurance Services (HQ) Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Martin P. Hughes	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 45 East Bellevue Place	<b>Transaction ID:</b> 32969455
	City State Zip Code Chicago IL 60611-1133	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hub International Limited (HQ) 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) .....	7750.00
<b>TOTAL</b> 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 / 35  
(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. Dennis Dicapua		Date of Receipt MM / DD / YYYY 02 / 14 / 2011
Mailing Address 201 Brookview Court		<b>Transaction ID:</b> 32969458
City Southlake	State TX	Zip Code 76092-9404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AmWINS Brokerage of Texas, 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	

**B.**

Full Name (Last, First, Middle Initial) Mr. Andrew G. Cassidy		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 11109 Waycroft Way		<b>Transaction ID:</b> 32995880
City Rockville	State MD	Zip Code 20852-3216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Early, Cassidy & Schilling, Inc. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Robert Harrison		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 7726 Mohawk Place		<b>Transaction ID:</b> 32995882
City Saint Louis	State MO	Zip Code 63105-2624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Daniel & Henry Company (H-Q), The	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) .....	<b>3250.00</b>
<b>TOTAL</b> 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 / 35  
(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. Ryan Wilkerson

Mailing Address 6731 Rainbow Avenue

City Mission Hills State KS Zip Code 66208-2265

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

Name of Employer Haas & Wilkerson, Inc. (H-Q) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2011

**Transaction ID: 32995883**

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley D. Loar

Mailing Address 6351 Nicasio Valley P.O. Box 732

City Nicasio State CA Zip Code 94946-0732

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 02 / 16 / 2011

**Transaction ID: 32995885**

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter Gruenberg

Mailing Address 17 Old Dutch Road

City Warren State NJ Zip Code 07059-7162

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

Name of Employer Willis HRH Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2011

**Transaction ID: 32995887**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35  
(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. Michael Wojcik

Mailing Address 18131 Bramlett Dr.

City State Zip Code  
Tinley Park IL 60487-6207

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2011

**Transaction ID:** 32995888

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Steadman, III

Mailing Address 45 Cardinal Road SW

City State Zip Code  
Roanoke VA 24014-3309

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

Name of Employer Occupation  
Rutherford/MMA (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997165

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy M. Mellard

Mailing Address 14709 Delmar

City State Zip Code  
Leawood KS 66224-9545

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

Name of Employer Occupation  
CBIZ Benefits & Insurance Services Gro Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997166

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 183 Leaders Heights Road

City State Zip Code  
York PA 17402-4714

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

Name of Employer (HQ) Occupation  
Glatfelter Insurance Group Insurance Broker

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

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997167

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey M. Klein

Mailing Address 9807 Glastonbury Court

City State Zip Code  
Charlotte NC 28270-1605

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

Name of Employer (HQ) Occupation  
BB&T Insurance Services Insurance Broker

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

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997168

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher J. Nadeau

Mailing Address 7 Ledgestone Drive

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer (HQ) Occupation  
William Gallagher Assoc. Ins. Brokers Insurance Broker

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

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997169

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 13 / 35  
(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. Scott A. Sinder

Mailing Address 1714 N. Edgewood Street

City State Zip Code  
Arlington VA 22201-4038

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

Name of Employer Occupation  
Steptoe & Johnson, LLP Legal Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997172

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Rosson

Mailing Address 3373 Las Huertas Road

City State Zip Code  
Lafayette CA 94549-5108

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

Name of Employer Occupation  
Woodruff-Sawyer & Company (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997173

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1702 Almedia Drive

City State Zip Code  
Chico CA 95926-7757

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997175

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 35

(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. Shawn Sisti

Mailing Address 20 Cranberry Meadow Lane

City State Zip Code  
Killingworth CT 06419-1191

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

Name of Employer Occupation  
AmWINS Brokerage of New England Insurance Broker

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

Date of Receipt

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

Transaction ID: 32997459

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Alistair Barnes

Mailing Address 3702 Drake St

City State Zip Code  
Houston TX 77005-1118

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

Name of Employer Occupation  
AmWINS Brokerage of Texas Insurance Broker

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

Date of Receipt

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

Transaction ID: 32997461

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. W. Michael Mann

Mailing Address 2607 Jefferson Avenue

City State Zip Code  
New Orleans LA 70115-7009

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: 32997665

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

**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 / 35  
(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. Adam Bruckman

Mailing Address 4358 Highborne Drive

City State Zip Code  
Marietta GA 30066-2429

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

Transaction ID: 32997680

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Philip J. Edmundson

Mailing Address 55 Cottage Street

City State Zip Code  
Hingham MA 02043

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

Name of Employer William Gallagher Assoc. Ins. Brokers. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

Transaction ID: 32997681

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John L. O'Brien, Jr.

Mailing Address 13 Gristmill Road

City State Zip Code  
Cedar Knolls NJ 07927-1201

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

Name of Employer Herbert L. Jamison & Co., LLC (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

Transaction ID: 32997683

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert J. Klonk		Date of Receipt MM / DD / YYYY 02 / 17 / 2011		
	Mailing Address 11542 Elizabeth Circle		<b>Transaction ID:</b> 32997684		
	City Strongsville	State OH	Zip Code 44149-3040	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Cohen		Date of Receipt MM / DD / YYYY 02 / 17 / 2011		
	Mailing Address 5440 South Cottonwood Court		<b>Transaction ID:</b> 32997685		
	City Greenwood Village	State CO	Zip Code 80121-1432	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IMA Financial Group, Inc. (HQ)	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>C.</b>	Full Name (Last, First, Middle Initial) Mr. Vince A Daboul		Date of Receipt MM / DD / YYYY 02 / 17 / 2011		
	Mailing Address 24 Converse Street		<b>Transaction ID:</b> 32997688		
	City Longmeadow	State MA	Zip Code 01106-1110	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TD Insurance, Inc.	Occupation Insurance broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**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 / 35  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles R. Daniels, III

Mailing Address 23 Bridle Way

City State Zip Code  
Pawling NY 12564-2220

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

Name of Employer Occupation  
Rose & Kiernan, Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32997689

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy J Byrne

Mailing Address 4607 Signature Dr

City State Zip Code  
Middleton WI 53562-2364

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

Name of Employer Occupation  
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32999836

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John W. Doetzer

Mailing Address 11600 Whitetail Lane

City State Zip Code  
Ellicott City MD 21042-1436

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

Name of Employer Occupation  
Consolidated Insurance Ce-nter, Inc. (H Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32999837

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**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 / 35

(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. David E. McGurn, Jr.

Mailing Address 214 Stockport Lane

City State Zip Code  
Schaumburg IL 60193-1719

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

Name of Employer Occupation  
Arthur J. Gallagher & Co. Insurance Broker  
(HQ)

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

Date of Receipt

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

Transaction ID: 32999838

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard C. Marx

Mailing Address 501 East 79th Street  
Apartment 12E

City State Zip Code  
New York NY 10075-0735

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

Name of Employer Occupation  
PCM Services, LLC (HQ) Insurance Broker

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

Date of Receipt

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

Transaction ID: 32999839

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Hyatt Brown

Mailing Address 213 Riverside Drive

City State Zip Code  
Ormond Beach FL 32176-6503

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: 32999840

Amount of Each Receipt this Period

5000.00

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

8000.00

**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 / 35  
(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. David F. Uppinghouse

Mailing Address 3068 East Nichols Circle

City State Zip Code  
Centennial CO 80122-3462

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** 32999841

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alison Oliphant

Mailing Address 428 Meadowbrook Lane

City State Zip Code  
Mountain Brk AL 35213-3748

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

Name of Employer: AmWINS Brokerage of Alabama  
Occupation: Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt: MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 32999945

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randolph W. McGann, Jr.

Mailing Address 291 Masters Court

City State Zip Code  
Johns Island SC 29455-5723

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

Name of Employer: BB&T - Barger Insurance  
Occupation: Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 32999946

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 35  
(check only one)

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

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

**A.**

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

Mailing Address 13040 Aguamarina Point

City San Diego State CA Zip Code 92128-1522

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

Name of Employer Barney & Barney, LLC (HQ) Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2011

Transaction ID: 32999947

Amount of Each Receipt this Period 1000.00

**B.**

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

Mailing Address 6475 Glendora Avenue

City Dallas State TX Zip Code 75230

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

Name of Employer Roach Howard Smith & Barton, Inc. (HQ) Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2011

Transaction ID: 32999948

Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address 4 Arrow Tree Drive

City Briarcliff Manor State NY Zip Code 10510-2260

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

Name of Employer Marsh Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 18 / 2011

Transaction ID: 32999949

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 21 / 35  
(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. Steve S Williams

Mailing Address 103 Bella Vista Drive

City Hillsborough State CA Zip Code 94010-6222

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

Name of Employer Heffernan Group Occupation Insurance broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 18 / 2011  
**Transaction ID: 32999950**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Bradley J. Plummer

Mailing Address 1064 Bonnie Ct

City Dubuque State IA Zip Code 52003-0299

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 18 / 2011  
**Transaction ID: 32999951**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Shawn P. Pynes

Mailing Address 1504 Vivaldi Street

City Cardiff By The Sea State CA Zip Code 92007-2346

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 18 / 2011  
**Transaction ID: 32999952**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 / 35  
(check only one)

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

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

**A.**

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

Mailing Address 3090 Holyrood Drive

City State Zip Code  
Oakland CA 94611-2542

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

Name of Employer Occupation  
Heffernan Group Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: 32999953

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Roy Gonella

Mailing Address 120 13th Street

City State Zip Code  
Manhattan Beach CA 90266-4707

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

Name of Employer Occupation  
Marsh Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: 32999954

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 1112 Lytton Lane

City State Zip Code  
Matthews NC 28104-6835

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: 32999972

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 35  
(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. Ernest Telford

Mailing Address 1631 El Cerrito Drive

City State Zip Code  
Thousand Oaks CA 91362-2345

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

Name of Employer AmWINS Insurance Brokerage of California  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 32999973

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Roger D. Scullion

Mailing Address 150 Lombard street #807

City State Zip Code  
San Francisco CA 94111-1135

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

Name of Employer AmWINS Insurance Brokerage of California  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 32999974

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William E. Dixon

Mailing Address 15 Homestead Farm Road

City State Zip Code  
Milford NJ 08848-2230

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

Name of Employer AmWINS Brokerage of New Jersey  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 32999975

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 24 / 35

(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. Gerard M. Murphy

Mailing Address 3609 Mockingbird Lane

City State Zip Code  
Dallas TX 75205-2122

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

Name of Employer Occupation  
AmWINS Brokerage of Texas, Inc. Insurance Broker

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

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: 32999976

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven J. Topel

Mailing Address 809 Kimball Road

City State Zip Code  
Highland Park IL 60035-3618

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

Name of Employer Occupation  
Horton Group, The Insurance Broker

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

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: 33000096

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Paschke

Mailing Address 13812 South Canyon Drive

City State Zip Code  
Phoenix AZ 85048-9083

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

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

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

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2011

Transaction ID: 33005659

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 35
	(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. Samuel Fleet		Date of Receipt
Mailing Address 1 Brookfield Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
City	State	Zip Code
East Greenwich	RI	02818-1238
FEC ID number of contributing federal political committee.		Transaction ID: 33005662
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer National Employee Benefit Companies (N	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. David M. Pruett		Date of Receipt
Mailing Address 311 Howard Street PO Box 4600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
City	State	Zip Code
Mount Airy	NC	27030-2933
FEC ID number of contributing federal political committee.		Transaction ID: 33030293
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 2500.00
Name of Employer BB&T - Blue Ridge Burke Insurance	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 93250.00

**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 26 / 35

<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) Rehberg for Congress	Transaction ID: 32922790 Date of Disbursement 02 / 02 / 2011
	Mailing Address P.O. Box 1597	Amount of Each Disbursement this Period 5000.00
	City Helena State MT Zip Code 59624	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Dennis Rehberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 32958149 Date of Disbursement 02 / 02 / 2011
	Mailing Address 972 W Whitmire Drive	Amount of Each Disbursement this Period 1000.00
	City Melbourne State FL Zip Code 32935	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The New Democrat Coalition PAC	Transaction ID: 32958150 Date of Disbursement 02 / 02 / 2011
	Mailing Address 607 14th Street Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name The New Democrat Coalition PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carper For Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Thomas R. Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p><b>Transaction ID:</b> 32958151 <b>Date of Disbursement</b>  <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>0</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	2	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	2	/	2	0	1	1													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Michael Rogers</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) ▼ State: MI District: 08</p>	<p><b>Transaction ID:</b> 32958153 <b>Date of Disbursement</b>  <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>0</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	2	/	2	0	1	1	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	2	/	2	0	1	1													
2000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Peter Roskam</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) ▼ State: IL District: 06</p>	<p><b>Transaction ID:</b> 32958154 <b>Date of Disbursement</b>  <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>0</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	2	/	2	0	1	1	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	2	/	2	0	1	1													
3000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">6000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Democratic Congressional Campaign Committee</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><b>Transaction ID:</b> 32958155 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">15000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
<p><b>B.</b> Full Name (Last, First, Middle Initial) Royce Campaign Committee</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Ed Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 39</p>	<p><b>Transaction ID:</b> 32987980 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Ms. Shelley Capito</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: WV District: 02</p>	<p><b>Transaction ID:</b> 32987981 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">21000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></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) Shelby for U.S. Senate	Transaction ID: 32988137 Date of Disbursement
	Mailing Address P.O. Box 1091	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Tuscaloosa State AL Zip Code 35403	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Richard C. Shelby	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Grimm For Congress	Transaction ID: 32988212 Date of Disbursement
	Mailing Address 560 9th Street	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Brooklyn State NY Zip Code 11215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Michael Grimm	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 32990969 Date of Disbursement
	Mailing Address 236 Massachusetts Ave Suite 110	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. Kirsten E. Gillibrand	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<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)

<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)  
42nd Degree Catering Services

Mailing Address 1104 Taft Street

City State Zip Code  
Rockville MD 20850

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Jon Tester

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

Transaction ID: 33005913  
Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
42nd Degree Catering Services

Mailing Address 1104 Taft Street

City State Zip Code  
Rockville MD 20850

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Jon Tester

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

Transaction ID: 33005914  
Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

311.33

C.

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

Mailing Address 320 1st St, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 33014260  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15811.33

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Scott Desjarlais <hr/> Mailing Address PO Box 311 <hr/> City Jasper State TN Zip Code 37347 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Scott Desjarlais Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04	Transaction ID: 33014261 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	1	1													
<b>B.</b>	Full Name (Last, First, Middle Initial) Wicker For Senate <hr/> Mailing Address PO Box 64 <hr/> City Jackson State MS Zip Code 39205 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Roger Wicker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Transaction ID: 33014263 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	1	1													
<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc. <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	Transaction ID: 33014264 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	5		2	0	1	1													

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">7000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></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)

PAGE 32 / 35

<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)  
Garrett For Congress

Mailing Address PO Box 905

City State Zip Code  
Newton NJ 07860

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Scott Garrett

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

Transaction ID: 33014278  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Mike Rogers For Congress

Mailing Address 123 East 13th Street

City State Zip Code  
Anniston AL 36201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael D. Rogers

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: AL District: 03

Transaction ID: 33014279  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

1000.00

C.

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

Mailing Address 4679 Winterset Drive

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Steve Stivers

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 15

Transaction ID: 33014280  
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ben Nelson for US Senate</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:</p>	<p><b>Transaction ID:</b> 33014282 <b>Date of Disbursement</b> 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Westmoreland For Congress</p> <p>Mailing Address P.O. Box 458</p> <p>City Sharpsburg State GA Zip Code 30277</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Lynn A. Westmoreland</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) ▼ State: GA District: 03</p>	<p><b>Transaction ID:</b> 33014283 <b>Date of Disbursement</b> 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address PO Box 531086</p> <p>City Henderson State NV Zip Code 89053</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Dean Heller</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) ▼ State: NV District: 02</p>	<p><b>Transaction ID:</b> 33014284 <b>Date of Disbursement</b> 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**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)

Dold For Congress

Mailing Address PO Box 8145

City  
Northfield

State  
IL

Zip Code  
60093

Purpose of Disbursement

Category/  
Type

Candidate Name  
Mr. Robert Dold

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: 33014285

Date of Disbursement

/  /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: 33102834

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

2200.82

SUBTOTAL of Disbursements This Page (optional) ▶

2200.82

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

2200.82