



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="784975.58"/>	<input type="text" value="784975.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1080482.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="202681.36"/>	<input type="text" value="996474.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1283163.68"/>	<input type="text" value="1781449.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="150230.37"/>	<input type="text" value="648516.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1132933.31"/>	<input type="text" value="1132933.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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:  /  /  To:  /  /

<b>I. Receipts</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A).....	179355.50	886480.17	
(ii) Unitemized .....	20825.86	94494.07	
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	200181.36	980974.24	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs).....	2500.00	12500.00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	202681.36	993474.24	
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	3000.00	
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00	
18. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00	
(b) Levin Funds (from Schedule H5) .....	0.00	0.00	
(c) Total Transfers (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))..... ▶	202681.36	996474.24	
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	202681.36	996474.24	

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	3730.37	19709.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3730.37	19709.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	146500.00	621748.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	7059.17
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	150230.37	648516.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150230.37	648516.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	202681.36	993474.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	202681.36	993474.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	3730.37	19709.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	3730.37	19709.34

**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 6 OF 148
	<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**

**A. Mr. Dirk D DeJong**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 NE 32nd Ct

City Lighthouse Point	State FL	Zip Code 33064-8180
--------------------------	-------------	------------------------

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

Name of Employer Frank H. Furman, Inc. (HQ)	Occupation Insurance Broker
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : 38569841**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Bruce W Ferguson Sr**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Indian Hills Trl

City Louisville	State KY	Zip Code 40207-1540
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : 38569842**

Amount of Each Receipt this Period  
100.00

**c. Mr. Gary A Mongilutz**  
Full Name (Last, First, Middle Initial)

Mailing Address 9803 Tiverton Way

City Louisville	State KY	Zip Code 40242-2334
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : 38569844**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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: (check only one)	PAGE 7 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Terry L Purvis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Army Rd  
 City Towson State MD Zip Code 21204-6704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569850**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. William H Kable Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Stable View Ct  
 City Parkton State MD Zip Code 21120-9699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569851**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. J. Kevin Carnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Dixie Dr  
 City Towson State MD Zip Code 21204-7002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 38569852**  
 Amount of Each Receipt this Period  
 1750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<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: (check only one)	PAGE 8 OF 148
	<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**

**A. Mr. Arthur C Carmichael Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1585 Grant Road  
 City San Jose State CA Zip Code 95110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Actuarial & Benefit Consultants Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38569853**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mr. John B Milward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Holiday Road  
 City Lexington State KY Zip Code 40502-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Powell Walton Milward/J. Smith Lanier Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38569854**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Mr. Tim J Byrne Sr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Harbor Rd  
 City Marmora State NJ Zip Code 08223-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Byrne Agency, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38569857**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</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: (check only one)	PAGE 9 OF 148
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. D. Michael Sherman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2015 <b>Transaction ID : 38569858</b>
Mailing Address 15220 Fiddlesticks Blvd		Amount of Each Receipt this Period 2500.00
City Fort Myers	State FL	Zip Code 33912-2439
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Companies	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian P Pittner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015 <b>Transaction ID : 38569859</b>
Mailing Address 20116 Ellsworth Dr.		Amount of Each Receipt this Period 300.00
City Strongsville	State OH	Zip Code 44149-6794
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Companies	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael J Kmetz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015 <b>Transaction ID : 38569860</b>
Mailing Address 12700 Lakes Ave. Apt. 1506		Amount of Each Receipt this Period 250.00
City Lakewood	State OH	Zip Code 44107-1504
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Companies	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>SUBTOTAL</b> of Receipts This Page (optional).....▶	3050.00
<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: (check only one)	PAGE 10 OF 148
	<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**

**A. Mr. John B Sneed**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 Bayou Cir

City Gulfport State MS Zip Code 39507-4623

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

Name of Employer Stewart Sneed Hewes / BancorpSouth Ins Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38569863**

Amount of Each Receipt this Period 1000.00

**B. Mr. Natale P Calamis**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Shadow Brook Drive

City Warwick State RI Zip Code 02886-9556

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

Name of Employer Starkweather & Shepley Ins. Brokerage, Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38569865**

Amount of Each Receipt this Period 1000.00

**C. Mr. Allen G Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 South Third Street

City Bellaire State TX Zip Code 77401-5003

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

Name of Employer BancorpSouth Insurance Services Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38569866**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 148
	<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**

**A. Mr. Jim W Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2441 Alaqua Dr  
 City Longwood State FL Zip Code 32779-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AssuredPartners, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569867**  
 Amount of Each Receipt this Period  
 2500.00

**B. Mr. Paul J Hering**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18375 Old Coach Way  
 City Poway State CA Zip Code 92064-6636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barney & Barney, LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38569868**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. David G Lanier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2035 County Rd  
 City Opelika State AL Zip Code 36801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569871**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<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: (check only one)	PAGE 12 OF 148
	<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**

**A. Mr. Louis M Berman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2305 River Rd.

City Louisville State KY Zip Code 40206-1010

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

Name of Employer AssuredPartners Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569872**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Martin J Purcell**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 E Thompson Ave

City Springfield State PA Zip Code 19064-2831

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

Name of Employer Graham Company (HQ), The Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569881**

Amount of Each Receipt this Period  
 250.00

**C. Mr. Gary L LaFour**  
Full Name (Last, First, Middle Initial)

Mailing Address 2038 Surrey St

City Nacogdoches State TX Zip Code 75965-3139

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

Name of Employer Joe Max Green / Insurance Concepts Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38569883**

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: (check only one)	PAGE 13 OF 148
	<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**

**A. Mr. William E Brancovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6253 S Applecross Rd  
 City Highland Heights State OH Zip Code 44143-3730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569888**  
 Amount of Each Receipt this Period  
 41.66

**B. Mr. Gary E Ivey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Gentlemens Ridge  
 City Signal Mountain State TN Zip Code 37377-3282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38569889**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Richard K Kerr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11719 El Hara Circle  
 City Dallas State TX Zip Code 75230-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MarketScout (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38569890**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.66
<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 14 OF 148  
(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. Mr. Edward D Schreiber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 south third st  
 City State Zip Code  
 Bellaire TX 77401-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BancorpSouth Insurance Services Inc. Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569892**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Michael L Belcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9822 Willow Brook Cir  
 City State Zip Code  
 Louisville KY 40223-5338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Underwriters Group (HQ), The Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569893**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Gerald M Levy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 192 Sagamore Dr  
 City State Zip Code  
 Plainview NY 11803-1524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CBS Coverage Group, Inc. (AssuredPartn Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38569895**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mark N Coleman</b>		Date of Receipt
Mailing Address 753 Glacier Pass		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City State Zip Code Westerville OH 43081-1294		<b>Transaction ID : 38569896</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Dawson Companies, Columbus Insurance Broker		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Ms. Hope A Aldrich</b>		Date of Receipt
Mailing Address 169 Forest St		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Wellesley MA 02481-6823		<b>Transaction ID : 38569897</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Eastern Insurance Group LLC (HQ) Insurance Broker		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>c. Ms. Carolyn Ballenger</b>		Date of Receipt
Mailing Address 3310 N. University Dr.		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City State Zip Code Nacogdoches TX 75965-2681		<b>Transaction ID : 38569898</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation BancorpSouth Insurance Services, Inc. Insurance Broker		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Mr. Charles M Caswell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1340 Garrick Way  
 City Marietta State GA Zip Code 30068-2168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pritchard & Jerden, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38569901**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Damon L Nasman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 4th Ave, Ste 2100  
 City Seattle State WA Zip Code 98101-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCM Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569902**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Edwin R Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10928 Shoreline Dr.  
 City Baton Rouge State LA Zip Code 70809-9000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright & Percy BancorpSouth Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569904**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 17 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mrs. Linda J Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Little John Hill  
 City Sherwood Forest State MD Zip Code 21405-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 38569905**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. Tom Huval**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 Rue Bois de Chene  
 City Breaux Bridge State LA Zip Code 70517-6735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huval Agency Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 38569909**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Joseph P George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15010 Laurel Ridge Rd SW  
 City Cumberland State MD Zip Code 21502-5822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569910**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<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: (check only one)	PAGE 18 OF 148
	<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**

**A. Ms. Robin R Widdis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Plymouth Rd  
 Suite 200  
 City Plymouth Meeting State PA Zip Code 19462-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569911**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Scott R Treiber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 Blair Road  
 City Oyster Bay Cove State NY Zip Code 11771-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arthur J. Gallagher & Co. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569914**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Robert A Ernst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2221 Wynnewood Circle  
 City Louisville State KY Zip Code 40222-6341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38569917**  
 Amount of Each Receipt this Period  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Larry P Schaefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 Newmarket Dr.  
 City Louisville State KY Zip Code 40222-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38569918**  
 Amount of Each Receipt this Period 1250.00

**B. Mr. Dane O Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 S 200 W  
 City Cedar City State UT Zip Code 84720-3375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : 38569923**  
 Amount of Each Receipt this Period 50.00

**C. Mr. Michael E Victorson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 349 Medinah St.  
 City Oregon State WI Zip Code 53575-3839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38569925**  
 Amount of Each Receipt this Period 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1383.34
<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: (check only one)	PAGE 20 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. James A Winterich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30910 Walden Dr  
 City Westlake State OH Zip Code 44145-6815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569929**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Mark Bundy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Albion St  
 City Denver State CO Zip Code 80220-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton Companies, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569931**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Thomas M Sandahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10623 Camelot Square  
 City Saint Francisville State LA Zip Code 70775-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569933**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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: (check only one)	PAGE 21 OF 148
	<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**

**A. Mr. James C Ward III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1209 Nichol Lane  
 City Nashville State TN Zip Code 37205-4419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crichton Group (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38569934**  
 Amount of Each Receipt this Period  
 1500.00

**B. Mr. George D Nelson Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3315 Fairfield Ave  
 City Shreveport State LA Zip Code 71104-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Querbes & Nelson Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38569936**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Leroy A Schmelz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 Western Run Rd  
 City Cockeysville State MD Zip Code 21030-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569937**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<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: (check only one)	PAGE 22 OF 148
	<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**

**A. Mr. Roger B Cote**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 NE 2nd Terrace

City Cape Coral State FL Zip Code 33909-2653

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

Name of Employer Dawson Companies, Cape Coral Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569941**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Lawrence J Starr**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Pencross Pl

City Louisville State KY Zip Code 40223-5572

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569944**

Amount of Each Receipt this Period  
 250.00

**C. Mr. Phil S Harison Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3209 Montpelier Drive

City Augusta State GA Zip Code 30909-3227

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569946**

Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 23 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Richard Knudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Farmersville Rd  
 City Flemington State NJ Zip Code 08822-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown & Brown, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38569948**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Joseph E Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Sweetbriar Lane  
 City Urbana State MD Zip Code 21704-7894  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Exchange, Inc., The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38569951**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. William Jeatran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9301 Ivy Ave N  
 City Stillwater State MN Zip Code 55082-5284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marsh & McLennan Agency Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38569953**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 24 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. David O Oberkircher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6208 Sheaff Ln  
 City Fort Washington State PA Zip Code 19034-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRION Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38569954**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Bryan M Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1360 E 9th St Suite 600  
 City Cleveland State OH Zip Code 44114-1737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569955**  
 Amount of Each Receipt this Period  
 30.00

**C. Mr. Daniel Bowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 Black Diamond Ter  
 City Colorado Springs State CO Zip Code 80918-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CIA-Leavitt Insurance Agency, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38569957**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1055.00
<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: (check only one)	PAGE 25 OF 148
	<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**

**A. Ms. Alma Franzoy-Capron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 31 Box 200  
 City Hatch State NM Zip Code 87937-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38569961**  
 Amount of Each Receipt this Period  
**500.00**

**B. Mr. John F Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 Saint Helena Ave  
 City Santa Rosa State CA Zip Code 95404-3623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38569970**  
 Amount of Each Receipt this Period  
**500.00**

**C. Mr. James Blue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Boylston Street Suite 300  
 City Boston State MA Zip Code 02116-3791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bostonian Group, The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38569972**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</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: (check only one)	PAGE 26 OF 148
	<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"/>	<input type="checkbox"/> 17

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

**A. Mr. Joseph C Peiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Bedford Place

City State Zip Code  
Glen Rock NJ 07452-1305

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

Name of Employer Occupation  
Willis Group Holdings Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 08 / 2015  
**Transaction ID : 38569973**

Amount of Each Receipt this Period  
250.00

**B. Mr. Kyp L Ross**  
Full Name (Last, First, Middle Initial)

Mailing Address 2012 Autumn Brook Trl

City State Zip Code  
Hinckley OH 44233-9131

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

Name of Employer Occupation  
Dawson Companies Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : 38569978**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 525 W Monroe St  
Suite 600

City State Zip Code  
Chicago IL 60661-3629

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

Name of Employer Occupation  
Chicago Series of Lockton Companies, L Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38569979**

Amount of Each Receipt this Period  
1000.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 148
	<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. Mr. Winfield M Hopkins</b>		Date of Receipt
Mailing Address 1000 S Catalina Ave No. 101		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 38569981</b>
Redondo Beach	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
90277-4761		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CRC Insurance Services	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Frances K Wesley</b>		Date of Receipt
Mailing Address 323 Regatta Drive		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 38569982</b>
Avon Lake	OH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
44012-2907		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Dawson Companies	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David A Voight Jr.</b>		Date of Receipt
Mailing Address 3414 Galloway Rd		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 38569983</b>
Sandusky	OH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
44870-6017		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Dawson Companies, Sandusky	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 28 OF 148
	<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**

**A. Mr. Gary E Roadruck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2752 Rapids Way

City Akron State OH Zip Code 44312-5964

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : 38569984**

Amount of Each Receipt this Period  
**600.00**

**B. Mr. Rich Ogle**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Penn Sq W  
The Graham Building

City Philadelphia State PA Zip Code 19102-4826

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

Name of Employer Graham Company (HQ), The Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2015**

**Transaction ID : 38569991**

Amount of Each Receipt this Period  
**250.00**

**C. Mr. Edward B Selman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Penn Sq W  
The Graham Building

City Philadelphia State PA Zip Code 19102-4826

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

Name of Employer Graham Company (HQ), The Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 09 / 2015**

**Transaction ID : 38569992**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1350.00</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: (check only one)	PAGE 29 OF 148
	<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**

**A. Mr. Gregory Hendricksen**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 John Nolen Drive

City Madison State WI Zip Code 53713-1424

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38569998**

Amount of Each Receipt this Period 50.00

**B. Ms. Christine M Kenyon**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 John Nolen Drive

City Madison State WI Zip Code 53713-1424

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.06

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38569999**

Amount of Each Receipt this Period 208.34

**C. Mr. Michael J Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 3113 W Beltline Hwy

City Madison State WI Zip Code 53713-2830

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570000**

Amount of Each Receipt this Period 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.01
<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: (check only one)	PAGE 30 OF 148
	<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**

**A. Mr. Gerald J Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570001**  
 Amount of Each Receipt this Period  
 83.34

**B. Mr. Kevin Clougherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 N 4th Street  
 City Mount Horeb State WI Zip Code 53572-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570002**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Jeffrey Ireland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570003**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.01  
**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 31 OF 148
	<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**

**A. Mr. Jeff Knatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1008 Freshir Ct.

City Waunakee State WI Zip Code 53597-3022

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : 38570004**

Amount of Each Receipt this Period  
**41.68**

**B. Mr. Sean LaBorde**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Autumn Circle

City Mt. Horeb State WI Zip Code 53572

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : 38570005**

Amount of Each Receipt this Period  
**83.34**

**C. Mr. Bradley Niebuhr**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Pine View Drive

City Madison State WI Zip Code 53713-2830

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : 38570006**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.69</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: (check only one)	PAGE 32 OF 148
	<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**

**A. Mr. R. Douglas Hutcherson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 Paces Valley Rd. NW  
 City Atlanta State GA Zip Code 30327-3205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlanta Series of Lockton Companies, L Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570010**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. John W Chaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30032 Shadow Creek Dr  
 City Westlake State OH Zip Code 44145-7802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570013**  
 Amount of Each Receipt this Period  
 38.00

**C. Mr. Charles R Joachim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Yamato Rd Ste 3150  
 City Boca Raton State FL Zip Code 33431-4920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38570016**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1788.00
<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: (check only one)	PAGE 33 OF 148
	<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. Katherine A Caple</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2015 <b>Transaction ID : 38570020</b>
Mailing Address 4338 Church Road		Amount of Each Receipt this Period 500.00
City Hampstead	State MD	Zip Code 21074-2724
FEC ID number of contributing federal political committee. C		
Name of Employer RCM&D, Inc. (HQ)	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. Mark C Counselman</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2015 <b>Transaction ID : 38570021</b>
Mailing Address 3409 Oakenshaw PI		Amount of Each Receipt this Period 300.00
City Baltimore	State MD	Zip Code 21218-2806
FEC ID number of contributing federal political committee. C		
Name of Employer RCM&D, Inc. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Diane M Wilkinson</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : 38570022</b>
Mailing Address 828 John Nolen Drive		Amount of Each Receipt this Period 41.67
City Madison	State WI	Zip Code 53713-1424
FEC ID number of contributing federal political committee. C		
Name of Employer M3 Insurance Solutions, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	841.67
<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: (check only one)	PAGE 34 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Mr. Gerald B Budde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Smith Road, 4th Floor  
 City Cincinnati State OH Zip Code 45209-1967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570024**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mrs. Holly M Wahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8325 Water Park Drive  
 City Holland State OH Zip Code 43528-7849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570027**  
 Amount of Each Receipt this Period  
**25.00**

**C. Mr. Michael D Uglijesa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8259 Michelle Lane  
 City Lambertville State MI Zip Code 48144-9582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570029**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</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: (check only one)	PAGE 35 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Mr. John H McDermott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5826 Winslow Rd  
 City Whitehouse State OH Zip Code 43571-9188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570030**  
 Amount of Each Receipt this Period  
 38.00

**B. Mr. Kent S Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2411 Lake Ridge Drive  
 City Fort Wayne State IN Zip Code 46804-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570031**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Antonio J Casabat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2033 N Main St Suite 1075  
 City Walnut Creek State CA Zip Code 94596-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Benefits & Insurance Services, In Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38570032**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1078.00
<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: (check only one)	PAGE 36 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Christopher M Veno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1750 N Valley Rd  
 City Malvern State PA Zip Code 19355-8738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRION Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570037**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Edmund F Garno Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Stony Ln  
 City Gladwyne State PA Zip Code 19035-1125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRION Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 38570038**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Edmund F Garno III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 Rose Ln  
 City Haverford State PA Zip Code 19041-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRION Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570039**  
 Amount of Each Receipt this Period  
 1000.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 148
	<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**

**A. Mr. Webb Milward**  
Full Name (Last, First, Middle Initial)

Mailing Address 4623 Alton Place NW

City Washington State DC Zip Code 20016-2039

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

Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570040**

Amount of Each Receipt this Period  
 500.00

**B. Mr. John Meisenbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 1325 4th Ave, Ste 2100

City Seattle State WA Zip Code 98101-2572

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

Name of Employer MCM Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570042**

Amount of Each Receipt this Period  
 2500.00

**c. Mr. Donald R Engle Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 8794 Hunters Creek Dr

City Clarkston State MI Zip Code 48348-2881

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

Name of Employer Oswald Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38570045**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: (check only one)	PAGE 38 OF 148
	<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**

**A. Ms. Rena L Nuccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 E Devon Avenue Suite 105  
 City Itasca State IL Zip Code 60143-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: BFIA/A Division of Insurance Concepts Occupation: Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 09 / 09 / 2015  
**Transaction ID : 38570046**  
 Amount of Each Receipt this Period: **250.00**

**B. Mr. Mark A Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1091 Beacon Hill Dr  
 City Dexter State MI Zip Code 48130-9001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Hylant Occupation: Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **374.96**

Date of Receipt: 09 / 10 / 2015  
**Transaction ID : 38570049**  
 Amount of Each Receipt this Period: **41.52**

**C. Mr. Reagan M Crawford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 International Cir Ste 4500  
 City Hunt Valley State MD Zip Code 21030-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Crawford Advisors, LLC Occupation: Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: 09 / 01 / 2015  
**Transaction ID : 38570050**  
 Amount of Each Receipt this Period: **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1291.52**  
**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 39 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Mr. Todd A Stocksdale**

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

Mailing Address 2325 Green Valley Road  
Suite 205

City New Albany State IN Zip Code 47150-4684

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570054**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Walter R Fawcett III**

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

Mailing Address 310 Macalpin Ct

City Barrinton State IL Zip Code 60010-6426

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3619.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570055**

Amount of Each Receipt this Period  
 416.68

**C. Mr. Mitchell C Andrews**

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

Mailing Address 28 Hidden Brook Dr  
Suite 300

City North Barrington State IL Zip Code 60010-6914

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1752.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570056**

Amount of Each Receipt this Period  
 219.28

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1635.96
<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: (check only one)	PAGE 40 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. William H Lacey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5321 Pebblebrook Dr  
 City Dallas State TX Zip Code 75229-5506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1462.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570057**  
 Amount of Each Receipt this Period  
 166.68

**B. Mrs. Christina L Robbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 Arbor Court  
 City Mount Prospect State IL Zip Code 60056-4477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570058**  
 Amount of Each Receipt this Period  
 33.34

**C. Mr. Jeffrey E Brogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5823 Sand Shell Court  
 City Dallas State TX Zip Code 75252-2346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570059**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.02
<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: (check only one)	PAGE 41 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Brandon Guest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Pierce Pl Ste 100  
 City Itasca State IL Zip Code 60143-1293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arthur J. Gallagher & Co. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570062**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Paul Catania**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5758 Williamsburg Cir  
 City Hudson State OH Zip Code 44236-3780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570065**  
 Amount of Each Receipt this Period  
 52.00

**C. Mr. Patrick J McDaniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50243 Livingston Drive  
 City Northville State MI Zip Code 48168-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570066**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	582.00
<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: (check only one)	PAGE 42 OF 148
	<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. Mr. Martin M Rhodes</b>		Date of Receipt
Mailing Address 8 Longfellow Place		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Little Rock	AR	72207-3748
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38570067</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Stephens Insurance, LLC	Insurance Broker	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. William Julius Jr.</b>		Date of Receipt
Mailing Address 828 John Nolen Drive		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Madison	WI	53713-1424
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38570068</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
M3 Insurance Solutions, Inc.	Insurance Broker	<input type="text" value="41.68"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.12"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Chris Stack</b>		Date of Receipt
Mailing Address 750 East Lakewood Street		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Springfield	MO	65810-2421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38570069</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Bancorsouth Insurance Services, Inc	Insurance Broker	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1291.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 43 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Gary A Remley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 Johnson Dr Ste 500  
 City Mission State KS Zip Code 66205-2930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schifman, Remley & Associates Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570070**  
 Amount of Each Receipt this Period 300.00

**B. Mr. Thomas J Schifano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 River Road  
 City Louisville State KY Zip Code 40206-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38570071**  
 Amount of Each Receipt this Period 300.00

**C. Mr. Steven Minard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4646 E. Van Buren St. Suite 200  
 City Phoenix State AZ Zip Code 85008-6956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURICA (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38570072**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. James M Baumann II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4640 Oak Pointe Dr  
 City Louisville State KY Zip Code 40245-6440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Underwriters Group (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570077**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Kenneth M Runne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 E Berlin Rd  
 City East Berlin State PA Zip Code 17316-9536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570080**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Louis A Colagrossi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12233 Moss Point Rd  
 City Strongsville State OH Zip Code 44136-3505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570083**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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: (check only one)	PAGE 46 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. John Preuss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 South 24th Avenue  
 City Wausau State WI Zip Code 54401-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570087**  
 Amount of Each Receipt this Period  
 83.34

**B. Mr. John Healy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2896 S. Seminole Hwy. Unit 11  
 City Fitchburg State WI Zip Code 53711-7015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570090**  
 Amount of Each Receipt this Period  
 62.50

**C. Mr. Edward Rapee III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Riverwood Corporate Center, Buildi  
 City Waukesha State WI Zip Code 53188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570091**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	229.18
<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: (check only one)	PAGE 47 OF 148
	<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**

**A. Mr. Matthew Boray**  
Full Name (Last, First, Middle Initial)

Mailing Address N72 W28925 Fishers Landing

City Hartland State WI Zip Code 53029-8328

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **09 / 10 / 2015**

**Transaction ID : 38570092**

Amount of Each Receipt this Period **83.34**

**B. Mr. Brandon Veit**  
Full Name (Last, First, Middle Initial)

Mailing Address 137 E Wilson Street, Unit 612

City Madison State WI Zip Code 53703-4080

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 10 / 2015**

**Transaction ID : 38570093**

Amount of Each Receipt this Period **25.00**

**C. Mr. Neil Kessler**  
Full Name (Last, First, Middle Initial)

Mailing Address 916 Club Station Dr NE

City Atlanta State GA Zip Code 30319-1155

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 03 / 2015**

**Transaction ID : 38570094**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **608.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 148
	<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**

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

Mailing Address 10139 Clifton Park Avenue

City Evergreen Park State IL Zip Code 60805-3719

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

Name of Employer Gallagher Benefit Services, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38570096**

Amount of Each Receipt this Period 1500.00

**B. Mr. Robert T Monard**  
Full Name (Last, First, Middle Initial)

Mailing Address 4261 Morgan Pl.

City Perrysburg State OH Zip Code 43551-2194

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570099**

Amount of Each Receipt this Period 24.00

**C. Mr. Steve Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Oleander Drive

City Wilmington State NC Zip Code 28403-3910

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

Name of Employer Harold W. Wells & Son, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : 38570100**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2024.00

**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 49 OF 148
	<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**

**A. Mr. Steve A Barksdale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1102 Mill Run Road  
City Athens State TX Zip Code 75751-3521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EasTexas Agency / A Division of Joe Ma Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 38570103**  
Amount of Each Receipt this Period  
500.00

**B. Mr. Bill Birch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8315 Cantrell, Suite 300  
City Little Rock State AR Zip Code 72227-2357  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BancorpSouth Insurance Services Inc. Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 09 / 2015  
**Transaction ID : 38570104**  
Amount of Each Receipt this Period  
500.00

**C. Mr. James R Lash Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11661 Big Bone Rd  
City Union State KY Zip Code 41091-9635  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hylant Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 206.24

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570110**  
Amount of Each Receipt this Period  
22.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1022.88  
**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 50 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. Adam D Balls**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 Riley Ln

City Monroe State OH Zip Code 45050-2568

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.24

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570118**

Amount of Each Receipt this Period 22.88

**B. Mr. Michael D Halter**  
Full Name (Last, First, Middle Initial)

Mailing Address 12480 Rivercrest Drive

City Little Rock State AR Zip Code 72212-1440

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

Name of Employer BancorpSouth Insurance Services Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38570119**

Amount of Each Receipt this Period 500.00

**C. Mr. Michael L Waybright**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 California Ave

City Lorain State OH Zip Code 44052-2078

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570125**

Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 602.88

**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 51 OF 148  
(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. Mr. John C Laurie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10804 Riverbank Ter  
 City Bradenton State FL Zip Code 34212-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BB&T Insurance Services Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570128**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Thomas M Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Maybaugh Ln  
 City Annapolis State MD Zip Code 21403-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570129**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Sean A Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13704 Harcum Rd  
 City Phoenix State MD Zip Code 21131-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570132**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 52 OF 148  
(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. Mr. James D Gaughan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1952 Landvater Rd.  
 City Hummelstown State PA Zip Code 17036-9125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 38570138**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Lori A Proch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9129 Old Meadow Dr  
 City Chagrin Falls State OH Zip Code 44023-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570139**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Steven C Bueltel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9199 The Lane  
 City Naples State FL Zip Code 34109-1562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570140**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**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 53 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. John W Lyman**  
Full Name (Last, First, Middle Initial)

Mailing Address 885 Grandview Rd

City Signal Mountain State TN Zip Code 37377-7535

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570143**

Amount of Each Receipt this Period  
**750.00**

**B. Mr. Glenn D Morrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Gaslight Drive

City Algonquin State IL Zip Code 60102-3213

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570149**

Amount of Each Receipt this Period  
**25.00**

**C. Mr. Jeff Barnesky**  
Full Name (Last, First, Middle Initial)

Mailing Address 5713 Corey Cv

City Sylvania State OH Zip Code 43560-2734

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570152**

Amount of Each Receipt this Period  
**23.00**

**SUBTOTAL** of Receipts This Page (optional)..... **798.00**

**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 54 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Tracy McConnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Corporate Woods  
 9393 W. 110th Street, Suite 600  
 City Overland Park State KS Zip Code 66210-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMA Financial Group Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 15 / 2015  
**Transaction ID : 38570155**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Therese K Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12700 Lake Avenue  
 Apartment 1702  
 City Lakewood State OH Zip Code 44107-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies, Columbus Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570161**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Kevin M O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 West Big Beaver Road  
 Suite 400  
 City Troy State MI Zip Code 48084-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570164**  
 Amount of Each Receipt this Period  
 23.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1273.00
<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: (check only one)	PAGE 55 OF 148
	<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. Mr. Joseph G DuBois**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10485 Penniman Drive  
 City Chardon State OH Zip Code 44024-8230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570170**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Ronald R Lensing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8315 Cantrell, Suite 300  
 City Little Rock State AR Zip Code 72227-2357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BancorpSouth Insurance Services Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 16 / 2015  
**Transaction ID : 38570171**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Matthew D Bevins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12794 Aston Oaks Dr.  
 City Fort Myers State FL Zip Code 33912-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies, Cape Coral Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570178**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 56 OF 148  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Stephen R Kirby**

Mailing Address 15872 Delaplata Lane

City State Zip Code  
 Naples FL 34110-2804

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

Name of Employer Occupation  
 Dawson Companies Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570179**

Amount of Each Receipt this Period  
 600.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Stephen P Ligus**

Mailing Address 4207 Keswick Drive

City State Zip Code  
 Brunswick OH 44212-7006

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

Name of Employer Occupation  
 Hylant Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 216.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570186**

Amount of Each Receipt this Period  
 24.00

Full Name (Last, First, Middle Initial)  
**C. Mr. J. Scott Penny**

Mailing Address 1720 Bridgewater Drive

City State Zip Code  
 Lake Mary FL 32746-4103

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 09 / 2015  
**Transaction ID : 38570188**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1624.00

**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 57 OF 148
	<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**

**A. Mr. Gary D Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address 14805 East Bluff Road

City Alpharetta State GA Zip Code 30004-3160

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570190**

Amount of Each Receipt this Period  
**750.00**

**B. Mr. Jason R McKay**  
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Calcutta Drive

City Opelika State AL Zip Code 36801-2086

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38570191**

Amount of Each Receipt this Period  
**750.00**

**C. Mr. Nathan Durham**  
Full Name (Last, First, Middle Initial)

Mailing Address 2672 North Thompson Road

City Atlanta State GA Zip Code 30319-3216

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570194**

Amount of Each Receipt this Period  
**750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2250.00</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 58 OF 148  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Brian A Darnell**

Mailing Address 210 Eagles Cir

City Milton State GA Zip Code 30004-3031

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

Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2015**

**Transaction ID : 38570197**

Amount of Each Receipt this Period  
**750.00**

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

Mailing Address 7217 Via Lomas

City San Jose State CA Zip Code 95139-1141

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

Name of Employer Leavitt Pacific Insurance Brokers Occupation Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2015**

**Transaction ID : 38570213**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 500 Hogan Circle

City Durango State CO Zip Code 81301-6236

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2015**

**Transaction ID : 38570251**

Amount of Each Receipt this Period  
**16.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **791.50**

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

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

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

FOR LINE NUMBER: PAGE 59 OF 148  
(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. Mr. Mark Kenney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 South 800 West  
 City Cedar City State UT Zip Code 84720-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : 38570259**  
 Amount of Each Receipt this Period 150.00

**B. Ms. LeAnn R Tobin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 Bellemore Road  
 City Baltimore State MD Zip Code 21210-1208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38570262**  
 Amount of Each Receipt this Period 300.00

**C. Mr. Geoffrey Isaac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2715 Crabtree Lane  
 City Northbrook State IL Zip Code 60062-3412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570263**  
 Amount of Each Receipt this Period 26.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 341.00  
**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 60 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. David C Haney**  
Full Name (Last, First, Middle Initial)

Mailing Address 243 Yarmouth Lane

City State Zip Code  
Media PA 19063-4330

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

Name of Employer Occupation  
RCM&D Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570265**

Amount of Each Receipt this Period  
300.00

**B. Mr. Michael R Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 364 Prospect Avenue

City State Zip Code  
Glen Ellyn IL 60137-4955

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
616.64

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570266**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 8044 Owen St.

City State Zip Code  
Baton Rouge LA 70809-1632

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

Name of Employer Occupation  
Wright & Percy BancorpSouth Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 09 / 2015  
**Transaction ID : 38570274**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	883.34
<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: (check only one)	PAGE 61 OF 148
	<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**

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

Mailing Address 4244 W. 113th Terr.

City Leawood State KS Zip Code 66211-1847

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570276**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Fred J Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 17400 Fowles Rd.

City Middleburg Heights State OH Zip Code 44130-6220

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570279**

Amount of Each Receipt this Period  
 250.00

**C. Ms. Kathleen Cooke**  
Full Name (Last, First, Middle Initial)

Mailing Address 3607 W. 128th St.

City Cleveland State OH Zip Code 44111-4506

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570280**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<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 62 OF 148  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Mark M Sucoloski**

Mailing Address 1804 Blakefield Circle

City State Zip Code  
 Lutherville MD 21093-4405

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 16 / 2015  
**Transaction ID : 38570282**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Bill Bolling**

Mailing Address 7995 Stinwhern Drive

City State Zip Code  
 Mechanicsville VA 23116

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 16 / 2015  
**Transaction ID : 38570285**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Richard Twietmeyer**

Mailing Address 9340 Fawn Lane

City State Zip Code  
 Cedarburg WI 53012-8956

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

Name of Employer Occupation  
 M3 Insurance Solutions, Inc. Insurance Broker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 391.32

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570289**

Amount of Each Receipt this Period  
 43.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **643.48**

**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 63 OF 148  
(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. Ms. Rebecca A Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4326 Westway St  
 City Toledo State OH Zip Code 43612-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570290**  
 Amount of Each Receipt this Period 22.00

**B. Guylaine Donovan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Campau Avenue NW Suite 100  
 City Grand Rapids State MI Zip Code 49503-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570292**  
 Amount of Each Receipt this Period 30.00

**C. Mr. Thomas J Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1765 Devonshire Ct  
 City Lake Forest State IL Zip Code 60045-3769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aon Benfield Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38570295**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1052.00  
**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 64 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. Mr. Randy Larsen</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : 38570296</b>
Mailing Address 5201 Johnson Dr Ste 500		Amount of Each Receipt this Period 1000.00
City Mission State KS Zip Code 66205-2930	FEC ID number of contributing federal political committee. C	
Name of Employer Schifman, Remley & Associates 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>B. Mr. Bill Beal Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : 38570298</b>
Mailing Address 5494 Carriage Ln		Amount of Each Receipt this Period 350.00
City Medina State OH Zip Code 44256-6517	FEC ID number of contributing federal political committee. C	
Name of Employer Dawson Companies Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Full Name (Last, First, Middle Initial) <b>C. Mr. John Burtch</b>		Date of Receipt MM / DD / YYYY 09 / 01 / 2015 <b>Transaction ID : 38570299</b>
Mailing Address 1232 Crooked Tree Ct		Amount of Each Receipt this Period 1000.00
City Westerville State OH Zip Code 43081-3252	FEC ID number of contributing federal political committee. C	
Name of Employer Dawson Companies Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<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 65 OF 148  
(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. Mr. William F Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20771 Woodstock Avenue  
 City State Zip Code  
 Fairview Park OH 44126-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oswald Companies (HQ) Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 236.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570300**  
 Amount of Each Receipt this Period  
 29.52

**B. Mr. Jonathan Sadler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19910 Eldora Road  
 City State Zip Code  
 Rocky River OH 44116-1949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oswald Companies (HQ) Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570301**  
 Amount of Each Receipt this Period  
 41.68

**C. Mr. David L Krull**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 W 71st St  
 City State Zip Code  
 Prairie Village KS 66208-3111  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38570303**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **321.20**  
**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 66 OF 148
	<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**

**A. Mr. Robert D Ramsey III**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Cedar Run Ct

City Manakin Sabot	State VA	Zip Code 23103-3166
-----------------------	-------------	------------------------

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

Name of Employer TB&R Insurance (Assured Partners)	Occupation Insurance Broker
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

**Transaction ID : 38570305**

Amount of Each Receipt this Period  

600.00
--------

**B. Mr. Thomas May**  
Full Name (Last, First, Middle Initial)

Mailing Address 7744 E 7th Ave.

City Denver	State CO	Zip Code 80230-6111
----------------	-------------	------------------------

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

Name of Employer Lockton Companies, Inc.	Occupation Insurance Broker
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

**Transaction ID : 38570314**

Amount of Each Receipt this Period  

1000.00
---------

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

Mailing Address 3583 Westcott Drive SE

City Ada	State MI	Zip Code 49301-8633
-------------	-------------	------------------------

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

Name of Employer Hylant	Occupation Insurance Broker
----------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : 38570316**

Amount of Each Receipt this Period  

22.88
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1622.88</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 67 OF 148  
(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. Robin S Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 Winbury Dr.  
 City Midlothian State VA Zip Code 23114-1208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TB&R Insurance (Assured Partners) Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570317**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Angela Drook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Treelawn  
 City Richfield State OH Zip Code 44286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dawson Companies Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570318**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Brian C McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 976 Lindridge Dr N.E.  
 City Atlanta State GA Zip Code 30324-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TB&R Insurance (Assured Partners) Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570319**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 68 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Ms. Mary Beth B Basel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570323**  
 Amount of Each Receipt this Period 83.34

**B. Mr. David R Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4204 Maidstone Drive  
 City Lake Charles State LA Zip Code 70605-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38570325**  
 Amount of Each Receipt this Period 500.00

**C. Ms. Lori Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8315 Cantrell, Suite 300  
 City Little Rock State AR Zip Code 72227-2357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BancorpSouth Insurance Services Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38570329**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<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: (check only one)	PAGE 69 OF 148
	<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**

**A. Mr. Stanley G Payne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Center Street  
 City Little Rock State AR Zip Code 72201-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephens Insurance, LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 08 / 2015  
**Transaction ID : 38570331**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Robert Kaelin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 ne 83rd street  
 City Kansas City State MO Zip Code 64118-8257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Benefits & Insurance Services Gro Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : 38570332**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Peter J Krause**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11330 Lakefield Dr Ste 100  
 City Duluth State GA Zip Code 30097-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 09 / 08 / 2015  
**Transaction ID : 38570334**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: (check only one)	PAGE 70 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Mr. Brian M Feliciano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 Marguerite Ave.  
 City Cuyahoga Falls State OH Zip Code 44221-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570335**  
 Amount of Each Receipt this Period  
 30.00

**B. Ms. Andria Herr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 International Parkway Suite 330  
 City Lake Mary State FL Zip Code 32746-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.96

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570339**  
 Amount of Each Receipt this Period  
 41.52

**C. Mr. Ken Enlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 International Parkway Suite 330  
 City Lake Mary State FL Zip Code 32746-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570340**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.52
<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: (check only one)	PAGE 71 OF 148
	<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. Mr. James E Skeen Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2015 <b>Transaction ID : 38570349</b>
Mailing Address 1824 Avenida Mimosa		Amount of Each Receipt this Period 1000.00
City Encinitas	State CA	FEC ID number of contributing federal political committee. C
Zip Code 92024-7120	Occupation Insurance Broker	Name of Employer Lockton, Inc.
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>B. Mr. Joe Curtis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2015 <b>Transaction ID : 38570350</b>
Mailing Address 2401 West Big Beaver Road Suite 400		Amount of Each Receipt this Period 22.88
City Troy	State MI	FEC ID number of contributing federal political committee. C
Zip Code 48084-3306	Occupation Insurance Broker	Name of Employer Hylant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.24	

Full Name (Last, First, Middle Initial) <b>C. Mr. Steve Downs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2015 <b>Transaction ID : 38570351</b>
Mailing Address 2401 West Big Beaver Road Suite 400		Amount of Each Receipt this Period 24.00
City Troy	State MI	FEC ID number of contributing federal political committee. C
Zip Code 48084-3306	Occupation Insurance Broker	Name of Employer Hylant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1046.88
<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: (check only one)	PAGE 72 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Mike Nixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 West Big Beaver Road  
 Suite 400  
 City Troy State MI Zip Code 48084-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570352**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Harry James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2436 Clarjon Dr.  
 City Manchester State MO Zip Code 63021-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570370**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Jeffrey Steckbauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 S. 24th Avenue  
 City Wausau State WI Zip Code 54401-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570376**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	591.67
<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: (check only one)	PAGE 73 OF 148
	<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**

**A. Mr. Gregory A Nemmers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Campau Avenue NW  
 Suite 100  
 City Grand Rapids State MI Zip Code 49503-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570385**  
 Amount of Each Receipt this Period  
 41.52

**B. Mr. Neil Metzheiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3280 Peachtree Rd.  
 Suite 800  
 City Atlanta State GA Zip Code 30305-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38570395**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Dean J Curtis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 960 Old Grove Manor  
 City Jacksonville State FL Zip Code 32207-6212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AssuredPartners, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570404**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2041.52
<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: (check only one)	PAGE 74 OF 148
	<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**

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

Mailing Address 111 Center St

City Little Rock State AR Zip Code 72201-4431

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

Name of Employer Stephens Insurance, LLC Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570405**

Amount of Each Receipt this Period  
 1000.00

**B. Ms. Brittany T Lindberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Pennsylvania Ave NW Suite 750

City Washington State DC Zip Code 20004-2661

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

Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570406**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Max Hanley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Pacific Ave Ste 1000

City Tacoma State WA Zip Code 98402-4321

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

Name of Employer Propel Insurance Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570408**

Amount of Each Receipt this Period  
 450.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<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: (check only one)	PAGE 75 OF 148
	<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**

**A. Mr. Kenneth Rideout**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Cadillac Drive  
Suite 160

City Brentwood State TN Zip Code 37027-5272

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

Name of Employer CBIZ Benefits & Insurance Services, In Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 38570415**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2421 Atlantic Ave

City Manasquan State NJ Zip Code 08736-1000

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

Name of Employer CBIZ Benefits & Insurance Services, In Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 38570416**

Amount of Each Receipt this Period  
500.00

**C. Mr. Charles Stout**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Yamato Rd  
Ste 3150

City Boca Raton State FL Zip Code 33431-4920

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 38570419**

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: (check only one)	PAGE 76 OF 148
	<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**

**A. Mr. Michael Fetchero**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Baltimore St

City Cumberland State MD Zip Code 21502-3026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2015  
**Transaction ID : 38570424**

Amount of Each Receipt this Period 500.00

**B. Mr. Andrew Schutt**  
Full Name (Last, First, Middle Initial)

Mailing Address 5664 Prairie Creek Dr

City Caledonia State MI Zip Code 49316-8081

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

Name of Employer Acrisure Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38570428**

Amount of Each Receipt this Period 500.00

**C. Ms. Rekha Schipper**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Second Street, Suite 320

City Petaluma State CA Zip Code 94952-7425

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 ▼ 500.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : 38570429**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00

**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 77 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Janet G Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 211110  
 City Augusta State GA Zip Code 30917-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570432**  
 Amount of Each Receipt this Period  
**200.00**

**B. Ms. Janet G Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 211110  
 City Augusta State GA Zip Code 30917-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570433**  
 Amount of Each Receipt this Period  
**550.00**

**C. Mr. Frederick M Lanier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 6087  
 City Huntsville State AL Zip Code 35824-0087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570434**  
 Amount of Each Receipt this Period  
**750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</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: (check only one)	PAGE 78 OF 148
	<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**

**A. Mr. Robert C Wilson IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Brookstone  
 Centre Parkway, Suite 118  
 City Columbus State GA Zip Code 31904-4565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570439**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Christopher M Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11330 Lakefield Dr Ste 100  
 City Duluth State GA Zip Code 30097-1578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. Smith Lanier & Co., Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : 38570440**  
 Amount of Each Receipt this Period  
 750.00

**C. Mr. Joseph Tatum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1277 Treat Blvd  
 City Walnut Creek State CA Zip Code 94597-7975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ascension Insurance Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570444**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 79 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. Jonathon N Taylor**

Full Name (Last, First, Middle Initial)  
Mr. Jonathon N Taylor

Mailing Address 3000 Meridian Blvd  
Suite 100

City Franklin State TN Zip Code 37067-6388

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570446**

Amount of Each Receipt this Period  
350.00

**B. Mr. S. C Freeman**

Full Name (Last, First, Middle Initial)  
Mr. S. C Freeman

Mailing Address 1945 Scottsville Road  
Suite 100

City Bowling Green State KY Zip Code 42104-5824

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570448**

Amount of Each Receipt this Period  
500.00

**C. Mr. Brett B Jones**

Full Name (Last, First, Middle Initial)  
Mr. Brett B Jones

Mailing Address 6609 Willow Park Drive

City Naples State FL Zip Code 34109-9015

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : 38570450**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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 80 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Gregory C Donnelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1340 Depot St  
 Suite 300  
 City Rocky River State OH Zip Code 44116-1741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Companies Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570451**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Jacob Shafer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9225 SW Buckskin Terrace  
 City Beaverton State OR Zip Code 97008-7587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Partners Group, Ltd, The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570458**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Stephen A Barlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8110 E. Union  
 Suite 700  
 City Denver State CO Zip Code 80237-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton Companies, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570460**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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: (check only one)	PAGE 81 OF 148
	<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**

**A. Mr. F. S Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Ross Avenue, Suite 1200

City Dallas State TX Zip Code 75201-7943

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

Name of Employer Lockton, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570461**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. G. D Derr**  
Full Name (Last, First, Middle Initial)

Mailing Address 6651 Centerville Business Parkway

City Dayton State OH Zip Code 45459-2689

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570470**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 3 Cityplace Dr Ste 900

City Saint Louis State MO Zip Code 63141-7088

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

Name of Employer Lockton, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570474**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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: (check only one)	PAGE 82 OF 148
	<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**

**A. Mr. Joseph Wieligman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 Farmington Rd.  
 City Toledo State OH Zip Code 43623-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570479**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. Matthew R Deininger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Riverwood Corporate Center, Buildi  
 City Waukesha State WI Zip Code 53188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570487**  
 Amount of Each Receipt this Period  
 41.67

**C. Mr. John M Weisinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Riverwood Corporate Center, Buildi  
 PO Box 8950  
 City Waukesha State WI Zip Code 53188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38570493**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.67
<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: (check only one)	PAGE 83 OF 148
	<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**

**A. Ryan Fridborg**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 E. Foothill Blvd.  
PO Box 6030

City Pasadena State CA Zip Code 91107-6024

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

Name of Employer Bolton & Company Insurance Brokers (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570495**

Amount of Each Receipt this Period 500.00

**B. Mr. Jared Pope**  
Full Name (Last, First, Middle Initial)

Mailing Address 6125 Penrose

City Dallas State TX Zip Code 75214-3039

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

Name of Employer Plexus Groupe LLC, The Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570497**

Amount of Each Receipt this Period 250.00

**C. Mr. Brian F Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 21805 Field Parkway, Suite 300

City Deer Park State IL Zip Code 60010-3231

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 38570501**

Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 834.00

**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 84 OF 148
	<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**

**A. Mr. Steve Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 73125  
179 Fairfield Avenue

City Bellevue State KY Zip Code 41073-3410

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

Name of Employer Crawford Insurance (Assured Partners) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570504**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5664 Prairie Creek Dr

City Caledonia State MI Zip Code 49316-8081

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

Name of Employer Acrisure Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 11 / 2015  
**Transaction ID : 38570506**

Amount of Each Receipt this Period  
1000.00

**C. Mr. Joey Stafford**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Malabu Dr.  
Suite 200

City Lexington State KY Zip Code 40502-3215

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 16 / 2015  
**Transaction ID : 38570507**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

**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 85 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Lloyd Stafford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Malabu Dr.  
 Suite 200  
 City Lexington State KY Zip Code 40502-3215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570509**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Paul Beckmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Poydras Street  
 City New Orleans State LA Zip Code 70130-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AssuredPartners, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570510**  
 Amount of Each Receipt this Period  
 600.00

**C. Mr. Johnny Beckmann III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Poydras St  
 City New Orleans State LA Zip Code 70130-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AssuredPartners, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38570511**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 86 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Ms. Courtlann Atkinson Courtlann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1945 Scottsville Road  
 Suite 100  
 City Bowling Green State KY Zip Code 42104-5824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570512**  
 Amount of Each Receipt this Period  
 600.00

**B. Mr. Mark Fryer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 21627  
 City Columbia State SC Zip Code 29221-1627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 38570516**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. William Schifman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 Johnson Dr Ste 500  
 City Mission State KS Zip Code 66205-2930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schifman, Remley & Associates Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570517**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<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 87 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Mr. Richard K Martindale**  
Full Name (Last, First, Middle Initial)

Mailing Address 4244 Mt. Pleasant Street, NW  
#200

City North Canton State OH Zip Code 44720-5454

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

Name of Employer Leonard Insurance Services/AssuredPart Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570519**

Amount of Each Receipt this Period  
250.00

**B. Mr. Dennis M Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 S Hampton Pkwy

City Rocky River State OH Zip Code 44116-2387

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570520**

Amount of Each Receipt this Period  
300.00

**C. Ms. Patricia F Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 4905 Dickens Road

City Richmond State VA Zip Code 23230-1943

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570527**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 88 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. David Palmisano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5664 Prairie Creek Dr  
 City Caledonia State MI Zip Code 49316-8081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Acrisure Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : 38570538**  
 Amount of Each Receipt this Period **1000.00**

**B. Mr. Jeffrey R Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 S 9th St Ste 1000  
 City Minneapolis State MN Zip Code 55402-3389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Benefits & Insurance Services, In Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 09 / 2015**  
**Transaction ID : 38570539**  
 Amount of Each Receipt this Period **2500.00**

**C. Mr. Dennis S Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 951 Yamato Rd Ste 200 West  
 City Boca Raton State FL Zip Code 33431-4440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2015**  
**Transaction ID : 38570540**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3750.00</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: (check only one)	PAGE 89 OF 148
	<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**

**A. Mr. Scott Carlton**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Campau Avenue NW  
Suite 100

City Grand Rapids State MI Zip Code 49503-2720

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570546**

Amount of Each Receipt this Period  
30.00

**B. Mr. Jason A Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City Ann Arbor State MI Zip Code 48105-9755

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.24

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 38570547**

Amount of Each Receipt this Period  
22.88

**C. Mr. Brandon Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1031 W 4th Ave  
Suite 400

City Anchorage State AK Zip Code 99501-5901

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

Name of Employer Marsh Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570553**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 552.88

**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 90 OF 148
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brad Bennett</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2015 <b>Transaction ID : 38570554</b>
Mailing Address 998 South 1500 East		Amount of Each Receipt this Period 38.45
City Salt Lake City	State UT	Zip Code 84105-1652
FEC ID number of contributing federal political committee. C		
Name of Employer Leavitt Group Insurance Advisors	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.05	

Full Name (Last, First, Middle Initial) <b>B. Mr. Gordon Brown</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2015 <b>Transaction ID : 38570555</b>
Mailing Address 635 S Seego Lily Circle		Amount of Each Receipt this Period 65.30
City North Salt Lake	State UT	Zip Code 84054-3355
FEC ID number of contributing federal political committee. C		
Name of Employer Leavitt Group Insurance Advisors	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 587.70	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rob Ferguson</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2015 <b>Transaction ID : 38570557</b>
Mailing Address 547 Happy Hollow Rd		Amount of Each Receipt this Period 58.03
City Kaysville	State UT	Zip Code 84037-1663
FEC ID number of contributing federal political committee. C		
Name of Employer Leavitt Group Insurance Advisors	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.27	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.78
<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: (check only one)	PAGE 91 OF 148
	<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**

**A. Mr. Rick Fielding**  
Full Name (Last, First, Middle Initial)

Mailing Address 2620 Casto Lane

City Salt Lake City State UT Zip Code 84117-6303

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **894.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570558**

Amount of Each Receipt this Period  
**99.39**

**B. Mr. Scott Fielding**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 S 400 E Suite 300

City Salt Lake City State UT Zip Code 84111-3349

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

Name of Employer GBS Benefits, Inc. (Leavitt) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.09**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570559**

Amount of Each Receipt this Period  
**43.01**

**C. Mr. Mark Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1264 Woodward Place

City West Jordan State UT Zip Code 84088-5736

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **309.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 38570562**

Amount of Each Receipt this Period  
**34.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.78</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: (check only one)	PAGE 92 OF 148
	<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**

**A. Mr. Tim King**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N. Vernal Ave

City Vernal State UT Zip Code 84078-1701

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

Name of Employer Leavitt Group Insurance of Vernal Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **348.39**

Date of Receipt **09 / 15 / 2015**

**Transaction ID : 38570563**

Amount of Each Receipt this Period **38.71**

**B. Mr. Jeff Kluge**  
Full Name (Last, First, Middle Initial)

Mailing Address 5955 Mountain Ranch Dr

City Park City State UT Zip Code 84098-6177

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

Name of Employer Leavitt Group of Wasatch-Summit Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **726.93**

Date of Receipt **09 / 15 / 2015**

**Transaction ID : 38570564**

Amount of Each Receipt this Period **80.77**

**C. Ms. Sue Luman**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 North Blake Court

City Logan State UT Zip Code 84321-6767

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

Name of Employer Leavitt Group of Northern Utah, The Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **234.45**

Date of Receipt **09 / 15 / 2015**

**Transaction ID : 38570565**

Amount of Each Receipt this Period **26.05**

**SUBTOTAL** of Receipts This Page (optional)..... **145.53**

**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 93 OF 148
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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**

**A. Ms. Amy F Roberti**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Pennsylvania Ave NW  
Suite 750

City Washington State DC Zip Code 20004-2661

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

Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 38570566**

Amount of Each Receipt this Period  
500.00

**B. Mr. Don McKean**  
Full Name (Last, First, Middle Initial)

Mailing Address 6074 Oak Canyon Dr

City Salt Lake City State UT Zip Code 84121-6361

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
452.61

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570567**

Amount of Each Receipt this Period  
50.29

**C. Ms. Laura Peifer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2721 E. Canton Lane

City Sandy State UT Zip Code 84092-7126

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.12

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570568**

Amount of Each Receipt this Period  
27.68

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	577.97
<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: (check only one)	PAGE 94 OF 148
	<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)  
**A. Mr. Scott Stewart**

Mailing Address 465 S 400 E  
Suite 300

City Salt Lake City State UT Zip Code 84111-3349

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

Name of Employer GBS Benefits, Inc. (Leavitt) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
724.95

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570572**

Amount of Each Receipt this Period  
80.55

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

Mailing Address 10833 S Blossom Tree Ln

City Sandy State UT Zip Code 84070-5317

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.27

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 38570573**

Amount of Each Receipt this Period  
32.03

Full Name (Last, First, Middle Initial)  
**C. Mr. Linton B Puckett Jr**

Mailing Address 475 W Alma Street

City Elmhurst State IL Zip Code 60126-3103

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 01 / 2015  
**Transaction ID : 38570576**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1112.58

**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 95 OF 148
	<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**

**A. Mr. Greg J Cryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Muirfield Cove  
 City Alpharetta State GA Zip Code 30004-8264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Insurance Services, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38570578**  
 Amount of Each Receipt this Period  
 2500.00

**B. Mr. Robert Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21820 Burbank Blvd #305  
 City Woodland Hills State CA Zip Code 91367-7457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Acrisure Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570582**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mrs. Kristen D Peed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5553 Green Oak Ave  
 City Mentor State OH Zip Code 44060-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBIZ Benefits & Insurance Services Gro Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 38570592**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**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 96 OF 148
	<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**

**A. Mr. Eugene Bartoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 S. River Street

City Plains State PA Zip Code 18705-1137

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38570630**

Amount of Each Receipt this Period 400.00

**B. Lyeng Ia**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 E. Foothill Blvd. PO Box 6030

City Pasadena State CA Zip Code 91107-6024

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

Name of Employer Bolton & Company Insurance Brokers (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : 38570631**

Amount of Each Receipt this Period 300.00

**C. Mr. Thomas R Scrivner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4544 E. Camp Lowell Drive

City Tucson State AZ Zip Code 85712-1316

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

Name of Employer GBP Risk Solutions (AssuredPartners) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2015  
**Transaction ID : 38570632**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Kevin O'Keefe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Sheridan Drive  
 Suite 110  
 City State Zip Code  
 Williamsville NY 14221-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gallagher Benefit Services, Inc. Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570641**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Andrea R Avery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6363 Poplar Ave.  
 Suite 440  
 City State Zip Code  
 Memphis TN 38119-4847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BancorpSouth Insurance Services, Inc. Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570643**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Phillip Floyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Stanley, Hunt, DuPree & Rhine  
 7701 Airport Center Drive  
 City State Zip Code  
 Greensboro NC 27409-9047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BB&T Insurance Services of the Triad Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : 38570644**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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: (check only one)	PAGE 98 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Don Bacic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 4th Ave, Ste 2100  
 City Seattle State WA Zip Code 98101-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCM Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570645**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mr. Kirk Leadbetter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 W 4th Ave Suite 400  
 City Anchorage State AK Zip Code 99501-5905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marsh Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570646**  
 Amount of Each Receipt this Period  
**500.00**

**C. Mr. Timothy O George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Cityplace Dr Ste 900  
 City Saint Louis State MO Zip Code 63141-7088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38570648**  
 Amount of Each Receipt this Period  
**400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1150.00</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: (check only one)	PAGE 99 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Ms. Brianna D Coughlin</b>		Date of Receipt 09 / 10 / 2015 <b>Transaction ID : 38570651</b>
Mailing Address 4905 Dickens Rd. Ste 200		Amount of Each Receipt this Period 1000.00
City Richmond	State VA	
Zip Code 23230-1953		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer AssuredPartners, Inc.	Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. David J Black</b>		Date of Receipt 09 / 10 / 2015 <b>Transaction ID : 38570652</b>
Mailing Address 1340 Depot Street Suite 300		Amount of Each Receipt this Period 600.00
City Rocky River	State OH	
Zip Code 44116-1741		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Companies, Cleveland	Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mr. Darren J Faye</b>		Date of Receipt 09 / 10 / 2015 <b>Transaction ID : 38570653</b>
Mailing Address 4244 Mt. Pleasant St. NW Suite 300		Amount of Each Receipt this Period 600.00
City North Canton	State OH	
Zip Code 44720-5469		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dawson Companies, Canton	Occupation Insurance Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<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: (check only one)	PAGE 100 OF 148
	<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**

**A. Mr. William D Wentworth**  
Full Name (Last, First, Middle Initial)

Mailing Address 37573 Turnberry

City Farmington Hills State MI Zip Code 48331-2891

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 ▼ 250.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38570662**

Amount of Each Receipt this Period 250.00

**B. Mr. Erik J Eavenson**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 S Orange AVE STE 1350

City Orlando State FL Zip Code 32801-3439

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38570664**

Amount of Each Receipt this Period 1000.00

**C. Mr. John K Stephan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8163 Old Yankee ST STE D

City Dayton State OH Zip Code 45458-1801

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

Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2015  
**Transaction ID : 38570666**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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 101 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Bruce C Dunbar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 Cherokee Rd  
 City Birmingham State AL Zip Code 35223-1311  
 Name of Employer McGriff, Seibels & Williams, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : 38665975**  
 Amount of Each Receipt this Period 2500.00

**B. Mr. Michael J Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1295 Brighton Way  
 City Newtown Square State PA Zip Code 19073-1061  
 Name of Employer Graham Company (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : 38665979**  
 Amount of Each Receipt this Period 1000.00

**C. Mr. Patrick H Arthur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7813 Stanford Ave  
 City Dallas State TX Zip Code 75225-8209  
 Name of Employer McQueary Henry Bowles Troy, L.L.P. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : 38665998**  
 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: (check only one)	PAGE 102 OF 148
	<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**

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

Mailing Address 242 S 200 W

City Cedar City State UT Zip Code 84720-3375

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : 38666000**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4 Creek View Way

City Ormond Beach State FL Zip Code 32174-6751

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 38666003**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 607 N Beach St

City Ormond Beach State FL Zip Code 32174-8743

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 38666004**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</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: (check only one)	PAGE 103 OF 148
	<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**

**A. Mr. Jeffrey L Eisen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 Enclave Cir W  
 City State Zip Code  
 Pembroke Pines FL 33027-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Intracoastal Underwriters Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 38666005**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Steven E Deware**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Tallwood Rd  
 City State Zip Code  
 Lincoln RI 02865-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Starkweather & Shepley Ins. Brokerage, Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 38666015**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Anthony T Strianese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Eagles Landing Way  
 City State Zip Code  
 McDonough GA 30253-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Peachtree Special Risk Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 38666018**  
 Amount of Each Receipt this Period  
 1000.00

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 148  
(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. Mr. Daniel Bowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 Black Diamond Ter  
 City State Zip Code  
 Colorado Springs CO 80918-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CIA-Leavitt Insurance Agency, Inc. Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666020**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Alma Franzoy-Capron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 31 Box 200  
 City State Zip Code  
 Hatch NM 87937-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Leavitt Group Southwest, Inc. Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666022**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Timothy B Templeton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9375  
 City State Zip Code  
 Greensboro NC 27429-0375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Senn Dunn Insurance Insurance Broker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 38666028**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 105 OF 148
	<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**

**A. Mr. Timothy B Templeton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9375

City Greensboro State NC Zip Code 27429-0375

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

Name of Employer Senn Dunn Insurance Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : 38666029**

Amount of Each Receipt this Period  
**250.00**

**B. Ms. Cheryl Matochik**  
Full Name (Last, First, Middle Initial)

Mailing Address 1916 17TH St., NW #203

City Washington State DC Zip Code 20009-6203

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

Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : 38666046**

Amount of Each Receipt this Period  
**833.32**

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

Mailing Address 500 Mamaroneck Ave Ste 220

City Harrison State NY Zip Code 10528-1600

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : 38666056**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1333.32**

**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 106 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Stephen DeMatteo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Mamaroneck Ave  
 Ste 220  
 City Harrison State NY Zip Code 10528-1600  
 Name of Employer York International Agency, LLC (HQ)  
 Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : 38666059**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Walter R Fawcett III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Macalpin Ct  
 City Barrinton State IL Zip Code 60010-6426  
 Name of Employer The Plexus Groupe LLC (HQ)  
 Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4035.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666062**  
 Amount of Each Receipt this Period  
 416.68

**C. Mr. Mitchell C Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Hidden Brook Dr  
 Suite 300  
 City North Barrington State IL Zip Code 60010-6914  
 Name of Employer Plexus Groupe LLC (HQ), The  
 Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1971.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666063**  
 Amount of Each Receipt this Period  
 219.28

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	885.96
<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: (check only one)	PAGE 107 OF 148
	<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**

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

Mailing Address 5321 Pebblebrook Dr

City Dallas State TX Zip Code 75229-5506

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

Name of Employer The Plexus Groupe LLC Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1629.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666064**

Amount of Each Receipt this Period  
**166.68**

**B. Mrs. Christina L Robbins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1016 Arbor Court

City Mount Prospect State IL Zip Code 60056-4477

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666065**

Amount of Each Receipt this Period  
**33.34**

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

Mailing Address 5823 Sand Shell Court

City Dallas State TX Zip Code 75252-2346

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

Name of Employer The Plexus Groupe LLC Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666066**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **240.02**

**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 109 OF 148
	<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**

**A. Mr. Richard L Sobek**  
Full Name (Last, First, Middle Initial)

Mailing Address 20647 Kylemore Dr.

City Strongsville State OH Zip Code 44149-0946

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

Name of Employer Oswald Companies Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 38666106**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Robert W Lloyd Esq**  
Full Name (Last, First, Middle Initial)

Mailing Address 6210 Shoreline Dr

City Port Orange State FL Zip Code 32127-5967

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 38666108**

Amount of Each Receipt this Period  
 500.00

**C. Ms. Sara S Butler**  
Full Name (Last, First, Middle Initial)

Mailing Address 3266 Winthrop Cir

City Marietta State GA Zip Code 30067-5109

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

Name of Employer Brown & Brown Insurance of Georgia, In Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 38666109**

Amount of Each Receipt this Period  
 250.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 148
	<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**

**A. Mr. Glenn D Morrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Gaslight Drive

City Algonquin State IL Zip Code 60102-3213

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : 38666113**

Amount of Each Receipt this Period  
250.00

**B. Mr. Matthew M Sitzmann**  
Full Name (Last, First, Middle Initial)

Mailing Address The Ordway Building  
One Kaiser Plaza, Suite 1101

City Oakland State CA Zip Code 94612-3601

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

Name of Employer Sitzmann, Morris & Lavis, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666121**

Amount of Each Receipt this Period  
250.00

**C. Mr. Anthony L Wittwer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6735 Kennon Court

City Fort Wayne State IN Zip Code 46835-2665

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

Name of Employer American Specialty Companies, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666122**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 111 OF 148
	<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. Mr. Michael S Miele</b>		Date of Receipt
Mailing Address 12 Burr Court		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-2027
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 38666123</b>
Name of Employer Healthcare Analytics (HCA)		Amount of Each Receipt this Period
Occupation Insurance Broker		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Mr. John H Tournet Jr.</b>		Date of Receipt
Mailing Address 1406 Longleaf Court		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Matthews	State NC	Zip Code 28104-7888
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 38666124</b>
Name of Employer Gallagher Benefit Services, Inc.		Amount of Each Receipt this Period
Occupation Insurance Broker		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Mr. James P Marquet</b>		Date of Receipt
Mailing Address 1 Penn Sq W The Graham Building		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19102-4826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 38666129</b>
Name of Employer Graham Company (HQ), The		Amount of Each Receipt this Period
Occupation Insurance Broker		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 112 OF 148
	<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**

**A. Mr. Todd Toner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Hogan Circle  
City Durango State CO Zip Code 81301-6236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Schield-Leavitt Insurance Agency, Inc. Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 297.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : 38666154**  
Amount of Each Receipt this Period 16.50

**B. Mr. Mark Kenney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 306 South 800 West  
City Cedar City State UT Zip Code 84720-3037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leavitt Group (HQ), The Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : 38666157**  
Amount of Each Receipt this Period 15.00

**C. Mr. Geoffrey Isaac**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2715 Crabtree Lane  
City Northbrook State IL Zip Code 60062-3412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : 38666159**  
Amount of Each Receipt this Period 26.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Michael R Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 364 Prospect Avenue  
 City State Zip Code  
 Glen Ellyn IL 60137-4955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Plexus Groupe LLC (HQ), The Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 699.98

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 38666161**  
 Amount of Each Receipt this Period  
 83.34

**B. Alan Florez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 Sun Oaks Court  
 City State Zip Code  
 Lake Mary FL 32746-3007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brown & Brown, Inc. (HQ) Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 38666163**  
 Amount of Each Receipt this Period  
 250.00

**C. Mike Neal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Public Square  
 P.O Box 9  
 City State Zip Code  
 Columbia KY 42728-1452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brown & Brown of Kentucky, Inc Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 38666164**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<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: (check only one)	PAGE 114 OF 148
	<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**

**A. Mr. Michael Keeby**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 W. Cypress Creek Road Suite 1  
P.O. Box 5727

City Fort Lauderdale State FL Zip Code 33309-1918

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666178**

Amount of Each Receipt this Period  
250.00

**B. Mr. Henry N Conolly**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Wilkins Road

City Kinderhook State NY Zip Code 12106-3101

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

Name of Employer Wright National Flood Insurance Compan Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666196**

Amount of Each Receipt this Period  
500.00

**C. Mr. Paul L Barden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1030 N State  
Unit 29GH

City Chicago State IL Zip Code 60610-5476

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

Name of Employer Pacific Resources Benefits Advisors, L Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666200**

Amount of Each Receipt this Period  
1000.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Mr. Justin Moundas</b>		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 38666217</b>
Name of Employer York International Agency, LLC (HQ)		Amount of Each Receipt this Period
Occupation Insurance Broker		250.00
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. Mr. Brian Goldenberg</b>		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 38666221</b>
Name of Employer York International Agency, LLC (HQ)		Amount of Each Receipt this Period
Occupation Insurance Broker		250.00
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. Kevin Marbury</b>		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 38666223</b>
Name of Employer York International Agency, LLC (HQ)		Amount of Each Receipt this Period
Occupation Insurance Broker		250.00
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).....▶	750.00
<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: (check only one)	PAGE 116 OF 148
	<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. Angelka Castella</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015 <b>Transaction ID : 38666224</b>
Mailing Address 500 Mamaroneck Ave Ste 220		Amount of Each Receipt this Period 250.00
City Harrison State NY Zip Code 10528-1600	FEC ID number of contributing federal political committee. C	
Name of Employer York International Agency, LLC (HQ)	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. Mr. Andrew Krantz</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 38666225</b>
Mailing Address 500 Mamaroneck Ave Ste 220		Amount of Each Receipt this Period 250.00
City Harrison State NY Zip Code 10528-1600	FEC ID number of contributing federal political committee. C	
Name of Employer York International Agency, LLC (HQ)	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. Angela L Garner</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 38666234</b>
Mailing Address 6683 Dutch Rd.		Amount of Each Receipt this Period 500.00
City Saginaw State MI Zip Code 48609-5202	FEC ID number of contributing federal political committee. C	
Name of Employer Brown & Brown 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).....▶	1000.00
<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: (check only one)	PAGE 117 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Jared Pope**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6125 Penrose  
 City Dallas State TX Zip Code 75214-3039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plexus Groupe LLC, The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 38666236**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Brian F Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21805 Field Parkway, Suite 300  
 City Deer Park State IL Zip Code 60010-3231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : 38666239**  
 Amount of Each Receipt this Period  
 84.00

**C. Ms. Michele K Morgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 2nd Ave NE Ste 610  
 City St Petersburg State FL Zip Code 33701-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown & Brown Insurance Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 38666244**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	584.00
<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: (check only one)	PAGE 118 OF 148
	<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**

**A. Joanna Schaffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Mamaroneck Ave  
Ste 220

City Harrison State NY Zip Code 10528-1600

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666258**

Amount of Each Receipt this Period  
250.00

**B. Ms. Julie Hartcorn**  
Full Name (Last, First, Middle Initial)

Mailing Address 595 Stewart Ave.

City Garden City State NY Zip Code 11530-4787

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

Name of Employer Brown & Brown of Garden City, Inc Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666261**

Amount of Each Receipt this Period  
250.00

**C. Mr. Richard A Watts**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 S Ridgewood Ave  
PO Box 2412

City Daytona Beach State FL Zip Code 32114-4318

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 25 / 2015  
**Transaction ID : 38666262**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 119 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8163 Old Yankee ST  
 STE D  
 City Dayton State OH Zip Code 45458-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assured Partners/Neace Lukens Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 28 / 2015  
**Transaction ID : 38666268**  
 Amount of Each Receipt this Period  
 250.00

**B. James H Bradshaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Sidney Place  
 City Brooklyn State NY Zip Code 11201-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Willis North America Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 38666428**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Alan J Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Kaufman Financial Center  
 City Farmington Hills State MI Zip Code 48334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burns & Wilcox Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 09 / 15 / 2015  
**Transaction ID : 38666429**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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: (check only one)	PAGE 120 OF 148
	<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	<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. Mr. Douglas Martz**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Baltimore St

City Cumberland State MD Zip Code 21502-3026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 03 / 2015  
Transaction ID : 38666432

Amount of Each Receipt this Period  
250.00

**B. Mr. Todd Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 World Financial Ctr

City New York State NY Zip Code 10281-1003

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

Name of Employer Willis Group Holdings Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 09 / 2015  
Transaction ID : 38666433

Amount of Each Receipt this Period  
500.00

**C. Mr. Mike Gano**  
Full Name (Last, First, Middle Initial)

Mailing Address 11225 SE 6th St., Suite 110

City Bellevue State WA Zip Code 98004-6478

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

Name of Employer Partners Group, Ltd, The Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 10 / 2015  
Transaction ID : 38666434

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 148
	<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. Robyn Ernst</b>		Date of Receipt
Mailing Address 2305 River Road		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40206-1010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38666436</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Assured Partners/Neace Lukens	Insurance Broker	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Bryan D Raisor</b>		Date of Receipt
Mailing Address 2416 Sir Barton Way		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lexington	KY	40509-2518
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38666437</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Assured Partners/Neace Lukens	Insurance Broker	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J Kaufman</b>		Date of Receipt
Mailing Address 155 North Wacker Drive, Suite 1830		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60606-1716
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 38666438</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Burns & Wilcox	Insurance Broker	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 122 OF 148
	<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"/>	<input type="checkbox"/> 17

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

**A. Mr. Steven McElhiney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5430 LBJ Freeway, Suite 1595  
 City Dallas State TX Zip Code 75240-2656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EWI Re, Inc Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38666439**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Peter Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Hudson St Fl 4  
 City New York State NY Zip Code 10014-4500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frenkel & Co., Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 38666440**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Sam Baig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3630 Peachtree Road NE  
 City Atlanta State GA Zip Code 30326-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmWINS Brokerage of Georgia Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38666441**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 123 OF 148
	<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**

**A. Mr. Michael B Christian**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Federal St., Second Floor

City Boston State MA Zip Code 02110-1700

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

Name of Employer Risk Strategies Company Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 38666443**

Amount of Each Receipt this Period  
 1000.00

**B. Mr. Chris Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 S Ridgewood Ave

City Daytona Beach State FL Zip Code 32114-4318

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : 38666446**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 4314 Hanover Ave

City Richmond State VA Zip Code 23221-1818

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

Name of Employer Rutherford/MMA Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : 38666447**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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: (check only one)	PAGE 124 OF 148
	<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**

**A. Steve Boyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 S. Ridgewood Ave

City Daytona Beach State FL Zip Code 32114-4318

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : 38666448**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Joel T Kopperud**  
Full Name (Last, First, Middle Initial)

Mailing Address 1635 R St. Apt. 12

City Washington State DC Zip Code 20009

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

Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : 38666449**

Amount of Each Receipt this Period  
2500.00

**C. Mr. A. Peter Prinsen Esq**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 South 24th Street Unit A

City Philadelphia State PA Zip Code 19103

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

Name of Employer Graham Company (HQ), The Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 21 / 2015  
**Transaction ID : 38666452**

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: (check only one)	PAGE 125 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Pamela Popp**

Mailing Address 7300 College Blvd

City Overland Park	State KS	Zip Code 66210-1982
-----------------------	-------------	------------------------

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

Name of Employer Lockton Affinity, LLC	Occupation Insurance Broker
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 38666453**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Paul S White**

Mailing Address 340 MacCorkle Avenue, S.E.

City Charleston	State WV	Zip Code 25314-1100
--------------------	-------------	------------------------

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

Name of Employer Commercial Insurance Service, Inc.	Occupation Insurance Broker
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 38666455**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Raye King White**

Mailing Address 340 MacCorkle Avenue, S.E.

City Charleston	State WV	Zip Code 25314-1100
--------------------	-------------	------------------------

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

Name of Employer Commercial Insurance Service, Inc.	Occupation Insurance Broker
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : 38666456**

Amount of Each Receipt this Period  
1000.00

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 148  
(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. Frank A Baer III**

Mailing Address **PO Box 25928**

City **Oklahoma City** State **OK** Zip Code **73125-0928**

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

Name of Employer **Commercial Insurance Services** Occupation **Insurance Broker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	21	/	2015

**Transaction ID : 38666458**

Amount of Each Receipt this Period  

1000.00
---------

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period  

--

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>179355.50</b>

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

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

FOR LINE NUMBER: PAGE 127 OF 148  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BancorpSouth Bank PAC**

Mailing Address P.O. Box 789

City State Zip Code  
Tupelo MS 38802-0789

FEC ID number of contributing federal political committee. **C** C00183962

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2015

**Transaction ID : 38666465**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

**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 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**

Full Name (Last, First, Middle Initial)

**A. Authorize.Net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

**Transaction ID : 38666360**

Amount of Each Disbursement this Period

45.00
-------

Full Name (Last, First, Middle Initial)

**B. ANYBILL**

Mailing Address PO Box 34781

City Bethesda State MD Zip Code 20827-0781

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

**Transaction ID : 38666361**

Amount of Each Disbursement this Period

188.79
--------

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 100 N. Tryon St.

City Charlotte State NC Zip Code 28255

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

**Transaction ID : 38666362**

Amount of Each Disbursement this Period

32.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

266.29
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input 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**

Full Name (Last, First, Middle Initial)

**A. PayPal, Inc.**

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38666363**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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)

<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)

**A. Friends of John Thune**

Mailing Address 2555 Pennsylvania Avenue

City Washington State DC Zip Code 20037

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. John Thune**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : 38589031**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Rounds**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : 38589034**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Big Sky Opportunity PAC**

Mailing Address 325 7th Street, NW  
Suite 400

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 38589128**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Steve Fincher For Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

**Steve Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 38589129**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 38589176**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement

011

Candidate Name

**Rep. Randy R. Neugebauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 38589180**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Mailing Address 7908 Cincinnati-Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John A. Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38589187**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati-Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John A. Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38589188**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38589192**

Amount of Each Disbursement this Period

2500.00

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

12500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38589195**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Rice For Congress**

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kathleen M Rice**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : 38589396**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Crowley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : 38633721**

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

**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)

**A. Bob Corker For Senate 2018 Inc**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement

011

Candidate Name

**Sen. Bob Corker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38633741**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Roger Williams For U S Congress Committee**

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement

011

Candidate Name

**Rep. Roger Williams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38633849**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bill Flores For Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement

011

Candidate Name

**Rep. Bill Flores**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 38633853**

Amount of Each Disbursement this Period

2500.00
---------

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

8000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 211 S. 5th St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Candidate Name

**Pat Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

**Transaction ID : 38633855**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Young For Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

011

Candidate Name

**Rep. David Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

**Transaction ID : 38633858**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Votetipton.Com**

Mailing Address PO Box 1582

City Cortez State CO Zip Code 81321

Purpose of Disbursement

011

Candidate Name

**Rep. Scott R. Tipton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

**Transaction ID : 38633859**

Amount of Each Disbursement this Period

2500.00
---------

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

9500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement

011

Candidate Name

**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38633860**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address 501 3rd St, NW  
Ste. 200

City State Zip Code  
Washington DC 20001

Purpose of Disbursement

011

Candidate Name

**John Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38633861**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City State Zip Code  
Visalia CA 93290

Purpose of Disbursement

011

Candidate Name

**Rep. Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641334**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Ryan for Congress**

Mailing Address P.O. Box 1488

City State Zip Code  
Janesville WI 53547-1488

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641335**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 30632

City State Zip Code  
Rochester NY 14603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641336**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. 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: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641344**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6	0	0	0	.	0	0
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6	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mcsally For Congress**

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement

011

Candidate Name

**Martha McSally Ms.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641405**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Candidate Name

**Rep. Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641407**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address 1205 Prince St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

**John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : 38641420**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : 38641559**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : 38641560**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : 38641561**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kefalas For Maryland Inc**

Mailing Address PO Box 5197

City Baltimore State MD Zip Code 21224

Purpose of Disbursement

011

Candidate Name

**Chrysovalantis Kefalas**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : 38641584**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Candidate Name

**Rep. Luke Messer**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : 38641589**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement

011

Candidate Name

**Sen. Roy Blunt**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 38641590**

Amount of Each Disbursement this Period

2500.00

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

12500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Randy Hultgren For Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Randy Hultgren**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 38641592**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bill Shuster for Congress Cmte**

Mailing Address 606 North Imboden Street Suite 301

City Alexandria State VA Zip Code 22304

Purpose of Disbursement

011

Category/Type

Candidate Name

**Bill Shuster**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 38641594**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement

011

Category/Type

Candidate Name

**Mia Love**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 38666339**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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







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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Poliquin For Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bruce Poliquin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 38666354**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Emmer For Congress**

Mailing Address PO Box 998

City State Zip Code  
Anoka MN 55303

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tom Emmer Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 38666356**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Feinstein for Senate**

Mailing Address 220 I Street, NE  
Suite 250

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Dianne Feinstein**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : 38666357**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Delaney**

Mailing Address PO Box 70835

City State Zip Code  
Bethesda MD 20813

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

**Transaction ID : 38666358**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City State Zip Code  
Raleigh NC 27624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

**Transaction ID : 38666359**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Roger Williams For U S Congress Committee**

Mailing Address P.O. Box 91061

City State Zip Code  
Austin TX 78709

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roger Williams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

**Transaction ID : 38666364**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**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)

**A. Brad Ashford For Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement

011

Candidate Name

**Rep. Brad Ashford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38666365**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement

011

Candidate Name

**Rep. Randy R. Neugebauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2015

**Transaction ID : 38666367**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Thunderbolt PAC**

Mailing Address 824 S MILLEDGE AVE STE 101

City Athens State GA Zip Code 30605

Purpose of Disbursement

011

Candidate Name

**Thunderbolt PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : 38666368**

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

146500.00