

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) 701 Pennsylvania Avenue, NW Suite 750 Washington DC 20004 2608 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00039578 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2007 through 04 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 05 17 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		74294.32
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	84292.72									
(c) Total Receipts (from Line 19)	33060.00	132060.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117352.72	206354.32								
7. Total Disbursements (from Line 31)	10686.40	99688.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106666.32	106666.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	32250.00	124250.00
(i) Itemized (use Schedule A)	810.00	2810.00
(ii) Unitemized	33060.00	127060.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33060.00	127060.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33060.00	132060.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33060.00	132060.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10686.40	99688.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10686.40	99688.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10686.40	99688.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33060.00	127060.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33060.00	127060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr. Bruce D. Guthart		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 2794 Lindenmere Drive		Transaction ID: 25485854	
City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hub International Limited	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. Mr. Reginald Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 9635 Stoney Ridge		Transaction ID: 25661412	
City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BB&T Insurance Services, Inc.	Occupation Vice President		
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) C. Mr. Howard Engel		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 2004 Claridge Court		Transaction ID: 25662817	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mesirow Financial	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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. Full Name (Last, First, Middle Initial) Mr. Jon K. Carnell		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 303 Dixie Drive		Transaction ID: 25729838	
City State Zip Code Baltimore MD 21204		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Riggs, Counselman, Michaels & Downes,		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. Full Name (Last, First, Middle Initial) Mr. Gerald J. Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address C/O Gerald J. Sullivan 800 West 6th Street		Transaction ID: 25729839	
City State Zip Code Los Angeles CA 90017		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Sullivan & Curtis Insurance Brokers		Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Thomas G. Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address Solitude Ranch		Transaction ID: 25732087	
City State Zip Code Ukiah CA 95482		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Interwest Insurance Services, inc.		Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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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The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. F. Scott Addis		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 1254 Ridgewood Road		Transaction ID: 25732100	
City State Zip Code Bryn Mawr PA 19010		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Addis Group, The 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. Mr. Larry Kaminsky		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address 10235 S. Greentree Court		Transaction ID: 25757413	
City State Zip Code Olathe MO 66061		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Thomas McGee, L.C. 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) C. Mr. John Milward		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address 317 Holiday Drive		Transaction ID: 25757419	
City State Zip Code Lexington KY 40502		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Palmer & Cay of Kentucky Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<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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The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Gregory B. Milward		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 1640 Ashwood Road		Transaction ID: 25757422	
City State Zip Code Lexington KY 40502	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Palmer & Cay of Kentucky	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. Mr. Thomas J. Rodell		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 2350 Vallejo Street #2		Transaction ID: 25866541	
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aon Risk Services of Northern California	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) C. Mr. Eugene Klein		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 14037 Knox		Transaction ID: 25866855	
City State Zip Code Kansas City MO 64105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas McGee, L.C.	Occupation Insurance broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<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. Robert Cohen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 5440 S. Cottonwood Ct.		Transaction ID: 25867061	
City State Zip Code Littleton CO 80121		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Management Associates, Inc.		Occupation President	
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. Mr. Bill D. Henry		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 3737 Potomac		Transaction ID: 25867221	
City State Zip Code Dallas TX 75205		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer McQueary Henry Bowles Troy, L.L.P.		Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard A Ninneman		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 4525 E 6th Avenue		Transaction ID: 25867455	
City State Zip Code Denver CO 80220		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer IMA Financial Group, Inc., The		Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<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) A. Mr. Bill D. Henry		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 3737 Potomac		Transaction ID: 25867740	
City State Zip Code Dallas TX 75205	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McQueary Henry Bowles Tro-y, L.L.P.	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Mr. Donald E. Bowles, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 6326 Glendora Avenue		Transaction ID: 25867746	
City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McQueary Henry Bowles Tro-y, L.L.P.	Occupation Insurance Broker		
Receipt For: <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) C. Ms. Carla Sans		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 4242 Lomo Alto Drive, 523		Transaction ID: 25867776	
City State Zip Code Dallas TX 75219	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McQueary Henry Bowles Tro-y, L.L.P.	Occupation Insurance broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<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. Full Name (Last, First, Middle Initial)
Mr. Dan Browning

Mailing Address 2401 Chiswick Lake Drive

City State Zip Code
Plano TX 75093

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

Name of Employer
McQueary Henry Bowles Tro-
y, L.L.P.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 25867779

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ms. Alycia M Kiley

Mailing Address 3649 11th Street NW

City State Zip Code
Washington DC 20010-1406

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

Name of Employer
Riggs, Counselman, Michae-
ls & Downes,

Occupation
Insurance broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 25873396

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Hyatt Brown

Mailing Address 213 Riverside Drive

City State Zip Code
Ormond Beach FL 32176

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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 25963025

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	32250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<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. Manzullo for Congress		Transaction ID: 25767553 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 7783		Amount of Each Disbursement this Period 1000.00	
City Rockford State IL Zip Code 61126	Purpose of Disbursement 011 Category/Type		
Candidate Name Donald Manzullo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Blue Dog PAC		Transaction ID: 25767555 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Boren For Congress 2008		Transaction ID: 25767550 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address PO Box 1924		Amount of Each Disbursement this Period 1000.00	
City Muskogee State OK Zip Code 74402	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Daniel Boren			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 2	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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. Ron Lewis For Congress		Transaction ID: 25767546 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00
City Elizabethtown State KY Zip Code 42702		
Purpose of Disbursement Candidate Name Rep. Ron Lewis Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 2		

Full Name (Last, First, Middle Initial) B. Boyd for Congress		Transaction ID: 25767557 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 227 Massachusetts Ave., NE Suite 101		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Allen Boyd Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 2		

Full Name (Last, First, Middle Initial) C. Collins For Senator		Transaction ID: 25865274 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 2000.00
City Bangor State ME Zip Code 04402		
Purpose of Disbursement Candidate Name Susan Collins Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)

PAGE 15 / 15

<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. Johnny's Half Shell

Mailing Address 400 North Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-Kind Contribution

Candidate Name
Rep. Lincoln Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2003
 Primary General
 Other (specify) ▼

State: TN District: 4

Transaction ID: 25965266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

In-Kind Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)