

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) X

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 11 01 2009 through 11 30 2009

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

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 04 21 2010

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

Filing an amendment regarding redesignation items: check 3941 (11/24/09) for Rob Portman from the House to Senate and check 3943 (11/24/09) for Richard Burr from the House to Senate.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		201736.30
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	498634.15									
(c) Total Receipts (from Line 19) .....	11201.20	699115.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	509835.35	900851.85								
7. Total Disbursements (from Line 31) .....	36326.48	427342.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	473508.87	473508.87								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6581.70	603788.57
(ii) Unitemized .....	2619.50	82826.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9201.20	686615.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	10500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9201.20	697115.55
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 .....	2000.00	2000.00
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)) .....	11201.20	699115.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11201.20	699115.55

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1326.48	12907.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1326.48	12907.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	410175.78
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	2000.00
(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	2000.00
29. Other Disbursements.....	0.00	2259.25
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))..	36326.48	427342.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36326.48	427342.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	9201.20	697115.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9201.20	695115.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1326.48	12907.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1326.48	12907.95

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27  
(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
							17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Sheridan, Jr.

Mailing Address 1104 Edmonds Avenue

City State Zip Code  
Drexel Hill PA 19026-2615

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 30790167

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter R. Unger

Mailing Address 513 Annadale Drive

City State Zip Code  
Berwyn PA 19312-1974

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 30790253

Amount of Each Receipt this Period 500.00

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

Mailing Address 9014 Cherry Tree Drive

City State Zip Code  
Alexandria VA 22309-2903

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Rutherford Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** 30790260

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... 833.34

**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 8 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John H. Parrott, Jr.		Date of Receipt
	Mailing Address 3635 Ridgewood Lane SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Roanoke	VA	24014-3029
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30790263
Name of Employer Rutherford (HQ)		Occupation Insurance Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.02	<input type="text"/> 41.67

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Raymond J. Garruto		Date of Receipt
	Mailing Address 3410 Savannah Hills		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Matthews	NC	28105-8745
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30790264
Name of Employer Rutherford		Occupation Insurance Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.90	<input type="text"/> 52.18

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael D. Agnoni		Date of Receipt
	Mailing Address 1360 E. 9th Street Suite 600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Cleveland	OH	44114-1737
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30810534
Name of Employer Oswald Companies (HQ)		Occupation Insurance Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 123.85
<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: PAGE 9 / 27  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 09 / 2009  
**Transaction ID: 30810535**  
Amount of Each Receipt this Period 60.00

**B.**

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

Mailing Address 5758 Williamsburg Circle

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 ▼ 526.64

Date of Receipt 11 / 09 / 2009  
**Transaction ID: 30810536**  
Amount of Each Receipt this Period 41.66

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Theresa DiVincenzo

Mailing Address 1360 E 9th Street  
Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.60

Date of Receipt 11 / 09 / 2009  
**Transaction ID: 30810538**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 121.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27  
(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. Robert W. Edmonds, III		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 1360 E 9th Street Suite 600		<b>Transaction ID:</b> 30810539
City Cleveland	State OH	Zip Code 44114-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.96	

**B.**

Full Name (Last, First, Middle Initial) Mr. Brian T. Muldoon		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 1360 E 9th Street Suite 600		<b>Transaction ID:</b> 30810542
City Cleveland	State OH	Zip Code 44114-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 46.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

**C.**

Full Name (Last, First, Middle Initial) Ms. Melissa Robinson		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 4024 West 157th Street		<b>Transaction ID:</b> 30810544
City Cleveland	State OH	Zip Code 44135-1232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	77.00
<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 11 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Suzanne F. Bruce		Date of Receipt	
	Mailing Address 15 Olmsted Drive		M M / D D / Y Y Y Y Y 11 / 10 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 30811977
	Sewell	NJ	08080-2829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Corporate Synergies Group, Inc. (HQ)		Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Ellen Brosso		Date of Receipt	
	Mailing Address 2312 Parkside Avenue		M M / D D / Y Y Y Y Y 11 / 10 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 30811980
	Hatboro	PA	19040-4408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Corporate Synergies Group, Inc. (HQ)		Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas G. Williams		Date of Receipt	
	Mailing Address 2500 Robinson Creek Road		M M / D D / Y Y Y Y Y 11 / 09 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 30812059
	Ukiah	CA	95482-8824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Interwest Insurance Services, Inc. (HQ)		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) .....	▶	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: PAGE 12 / 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark D. Jones

Mailing Address 9014 Cherry Tree Drive

City State Zip Code  
Alexandria VA 22309-2903

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

Name of Employer Rutherford Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

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

**Transaction ID:** 30865414

Amount of Each Receipt this Period  
83.34

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City State Zip Code  
Roanoke VA 24014-3029

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

Name of Employer Rutherford (HQ) Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

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

**Transaction ID:** 30865417

Amount of Each Receipt this Period  
41.67

**C.** Full Name (Last, First, Middle Initial)  
Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City State Zip Code  
Matthews NC 28105-8745

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

Name of Employer Rutherford Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.08

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

**Transaction ID:** 30865418

Amount of Each Receipt this Period  
52.18

**SUBTOTAL** of Receipts This Page (optional) ..... ► **177.19**

**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 13 / 27  
(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. R. Dean Hayes

Mailing Address 1573 Highway 213

City State Zip Code  
Covington GA 30014-5837

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

Name of Employer BB&T - Ingram McDaniel & Associates  
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  
1 1 / 1 7 / 2 0 0 9

**Transaction ID:** 30865422

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 5104 Harian Circle

City State Zip Code  
Richmond VA 23226-1637

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

Name of Employer Rutherford  
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  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** 30885454

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. M. C. Harden, III

Mailing Address 906 Greenridge Road

City State Zip Code  
Jacksonville FL 32207-5200

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

Name of Employer Harden (HQ)  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID:** 30885462

Amount of Each Receipt this Period  
1000.00

**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: PAGE 14 / 27  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Mr. Michael D. Agnoni		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 1360 E 9th Street Suite 600		<b>Transaction ID:</b> 30885465
City Cleveland	State OH	Zip Code 44114-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Cynthia J. Bowman		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 1360 E 9th Street Suite 600		<b>Transaction ID:</b> 30885466
City Cleveland	State OH	Zip Code 44114-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Paul Catania		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 5758 Williamsburg Circle		<b>Transaction ID:</b> 30885467
City Hudson	State OH	Zip Code 44236-3780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.66
Name of Employer Oswald Companies (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 568.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>131.66</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 15 / 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Theresa DiVincenzo

Mailing Address 1360 E 9th Street  
Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 349.60

Date of Receipt 11 / 19 / 2009  
Transaction ID: 30885469  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Edmonds, III

Mailing Address 1360 E 9th Street  
Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 299.96

Date of Receipt 11 / 19 / 2009  
Transaction ID: 30885470  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian T. Muldoon

Mailing Address 1360 E 9th Street  
Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 506.00

Date of Receipt 11 / 19 / 2009  
Transaction ID: 30885474  
Amount of Each Receipt this Period 46.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 76.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 27  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melissa Robinson

Mailing Address 4024 West 157th Street

City Cleveland State OH Zip Code 44135-1232

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.50

Date of Receipt 11 / 19 / 2009

**Transaction ID: 30885476**

Amount of Each Receipt this Period 21.00

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

Mailing Address 1360 E 9th Street Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2009

**Transaction ID: 30885477**

Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440-5092

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

Name of Employer Archibald Insurance Center Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2009

**Transaction ID: 31002607**

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 241.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 27
	(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. Dane O. Leavitt

Mailing Address PO Box 130

City Cedar City State UT Zip Code 84721-0130

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 ▼ 1200.00

Date of Receipt 11 / 04 / 2009

**Transaction ID: 31002788**

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City Lakeport State CA Zip Code 95453-6302

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 04 / 2009

**Transaction ID: 31002856**

Amount of Each Receipt this Period 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6581.70</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 27  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Wicker For Senate

Mailing Address PO Box 64

City State Zip Code  
Jackson MS 39205

FEC ID number of contributing federal political committee. **C** C00443218

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Special-Primary20-08

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: 30885479

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# 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 19 / 27

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wired For Change <hr/> Mailing Address 1700 Connecticut Avenue, NW Suite 403 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Candidate Name <span style="float: right; font-size: small;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30791724 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> 11 / 05 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">400.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Wired For Change <hr/> Mailing Address 1700 Connecticut Avenue, NW Suite 403 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Candidate Name <span style="float: right; font-size: small;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30884542 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> 11 / 18 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">400.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 2878 <hr/> City Omaha State NE Zip Code 68103-2878 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Candidate Name <span style="float: right; font-size: small;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 31044257 Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> 11 / 30 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">3.04</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px; width: 100%;">803.04</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; width: 100%; height: 20px;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 27

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Transaction ID: 31044360

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Transaction ID: 31044407

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Schumer  Mailing Address 60 Madison Ave Suite 1201  City New York City State NY Zip Code 10010  Purpose of Disbursement Void - Friends of Schumer  Candidate Name Charles Schumer  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30811659 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period  -2500.00  Void - Friends of Schumer
<b>B.</b>	Full Name (Last, First, Middle Initial) Coulson For Congress  Mailing Address PO Box 2354  City Glenview State IL Zip Code 60025  Purpose of Disbursement  Candidate Name Elizabeth Coulson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30884534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) NELPAC  Mailing Address C/o Senator Ben Nelson 420 C Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 30884535 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period  2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael N. Castle <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30884536 Date of Disbursement 11 / 12 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01

<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement <hr/> Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30884537 Date of Disbursement 11 / 12 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02

<b>C.</b> Full Name (Last, First, Middle Initial) Gutierrez For Congress <hr/> Mailing Address 2846 N. River Walk Drive <hr/> City Chicago State IL Zip Code 60618 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Luis V. Gutierrez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30884538 Date of Disbursement 11 / 12 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

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

Transaction ID: 30933767  
Date of Disbursement

Mailing Address P.O. Box 2696

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 4	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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City Hobbs State NM Zip Code 88241

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
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Category/  
Type

Candidate Name  
Rep. Stevan E. Pearce

Office Sought:  House  Senate  President  
State: NM District: 02  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: 30933770  
Date of Disbursement

Mailing Address PO Box 905

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 4	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Newton State NJ Zip Code 07860

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

011
-----

Category/  
Type

Candidate Name  
Rep. Scott Garrett

Office Sought:  House  Senate  President  
State: NJ District: 05  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Friends Of Trey Grayson

Transaction ID: 30933771  
Date of Disbursement

Mailing Address PO Box 175726

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 4	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Ft Mitchell State KY Zip Code 41017

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
-----

Category/  
Type

Candidate Name  
Trey Grayson

Office Sought:  House  Senate  President  
State: KY District:  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

4000.00
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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)

PAGE 24 / 27

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Royce Campaign Committee</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Ed Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39</p>	<p><b>Transaction ID:</b> 30933772 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03</p>	<p><b>Transaction ID:</b> 30933778 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Price For Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Thomas Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06</p>	<p><b>Transaction ID:</b> 30933784 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carper For Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Thomas R. Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p><b>Transaction ID:</b> 30933790 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02</p>	<p><b>Transaction ID:</b> 30933795 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 111 C Street, SE Lover Level</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name The Freedom Project</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 30933797 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">9500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Meeks For Congress</p> <p>Mailing Address 1831 Bay Street Se 219-10 South Conduit Avenue</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Gregory W. Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 06</p>	<p><b>Transaction ID:</b> 30933800 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 11</p>	<p><b>Transaction ID:</b> 30933801 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address 142 N. Main St.</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NH District: 02</p>	<p><b>Transaction ID:</b> 30933803 <b>Date of Disbursement</b> 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

**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

A.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The	Transaction ID: 30933810 Date of Disbursement 11 / 24 / 2009
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 3000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Richard M. Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Portman For Senate Committee	Transaction ID: 30933812 Date of Disbursement 11 / 24 / 2009
	Mailing Address 8331 Little Harbor Drive	Amount of Each Disbursement this Period 1000.00
	City Cincinnati State OH Zip Code 45244	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Rob Portman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paul Ryan for Congress	Transaction ID: 30933824 Date of Disbursement 11 / 24 / 2009
	Mailing Address P.O. Box 2776	Amount of Each Disbursement this Period 3000.00
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Paul Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	35000.00