



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

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	8

D	D
3	1

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 .....	322421.52									
(c) Total Receipts (from Line 19) .....	113662.67	531922.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	436084.19	733658.73								
7. Total Disbursements (from Line 31) .....	1483.50	299058.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	434600.69	434600.69								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	8

D	D
3	1

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) .....	95628.66	477154.34
(ii) Unitemized .....	15534.01	44268.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	111162.67	521422.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	111162.67	526422.43
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 .....	2500.00	5500.00
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)) .....	113662.67	531922.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	113662.67	531922.43

## 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.....	1483.50	9123.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1483.50	9123.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	285675.78
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))..	1483.50	299058.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1483.50	299058.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	111162.67	526422.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111162.67	524422.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1483.50	9123.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1483.50	9123.01

**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 / 59
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Chris Randall	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 15769 SE 58th Place	<b>Transaction ID:</b> 30348484
	City State Zip Code Bellevue WA 98006-5331	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Specialty Underwriters, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Brian P. Dantzig	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 732 Summit Creek Lane	<b>Transaction ID:</b> 30348499
	City State Zip Code Pleasanton CA 94566-3847	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Heffernan Group	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul J. Connolly	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 29 Harrison Drive	<b>Transaction ID:</b> 30348547
	City State Zip Code Newtown Square PA 19073-1420	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Corporate Life Consultants, 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) .....	<b>5500.00</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 7 / 59  
(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. Thomas J. Curtin, Sr.  
 Mailing Address 2931 Surrey Road  
 City Birmingham State AL Zip Code 35223-1214  
 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 ▼ 1000.00  
 Date of Receipt MM / DD / YYYY  
08 / 03 / 2009  
**Transaction ID:** 30348549  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Lampus  
 Mailing Address 2686 W. Asplin Drive  
 City Rocky River State OH Zip Code 44116-3037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawson Insurance, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt MM / DD / YYYY  
08 / 03 / 2009  
**Transaction ID:** 30348612  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E. Mayes, Jr.  
 Mailing Address P.O. Box 490  
 City Mayesville State SC Zip Code 29104-0490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Cross Underwriters Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt MM / DD / YYYY  
08 / 03 / 2009  
**Transaction ID:** 30348691  
 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 8 / 59  
(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. Matthew D. Bevins

Mailing Address 8772 Fawn Ridge Drive

City State Zip Code  
Fort Myers FL 33912-1479

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 ▼ 250.00

Date of Receipt: 08 / 03 / 2009  
**Transaction ID: 30348741**  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 2012 Autumn Brook Trail

City State Zip Code  
Hinckley OH 44233-9131

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 ▼ 500.00

Date of Receipt: 08 / 03 / 2009  
**Transaction ID: 30348748**  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 8 Austin Hollow Circle

City State Zip Code  
Nacogdoches TX 75965-2955

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: 08 / 03 / 2009  
**Transaction ID: 30349652**  
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: PAGE 9 / 59  
(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. William T. Baycroft

Mailing Address 6142 Holly Springs Drive

City State Zip Code  
Houston TX 77057-1135

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

Name of Employer: Joe Max Green/Insurance Concepts  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 08 / 03 / 2009  
Transaction ID: 30349653  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Herrick

Mailing Address 1836 Riva Ridge Dr.

City State Zip Code  
Mansfield OH 44904-2125

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

Name of Employer: Dawson Companies, Mansfield  
Occupation: Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30353853  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Frank Middelberg

Mailing Address 593 Shallow Creek Circle

City State Zip Code  
Northfield OH 44067-3058

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

Name of Employer: Dawson Insurance, Inc.  
Occupation: Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30353854  
Amount of Each Receipt this Period: 250.00

**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: PAGE 10 / 59  
(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. Gary E. Roadruck

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, Canton Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30353855  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 28 South Hampton Parkway

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 ▼ 250.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30353856  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Frances K. Wesley

Mailing Address 323 Regatta Drive

City Avon Lake State OH Zip Code 44012-2907

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: 08 / 04 / 2009  
Transaction ID: 30353857  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 59  
(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)  
Mr. James A. Winterich

Mailing Address 30910 Walden Drive

City State Zip Code  
Westlake OH 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30353858

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian P. Pittner

Mailing Address 20611 Woodstock Avenue

City State Zip Code  
Cleveland OH 44126-1440

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 / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30353859

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David W. Myer

Mailing Address 26856 Sentry Lane

City State Zip Code  
Westlake OH 44145-1449

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

Name of Employer Dawson Insurance, Inc. 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  
0 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30353860

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59  
(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)  
Ms. Therese K. Johnson

Mailing Address 12700 Lake Avenue  
Apartment 1702

City Lakewood State OH Zip Code 44107-1508

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: 08 / 04 / 2009  
**Transaction ID: 30353861**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer S. Ferber

Mailing Address 33134 Fairport Drive

City Avon Lake State OH Zip Code 44012-2374

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: 08 / 04 / 2009  
**Transaction ID: 30353863**  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 753 Glacier Pass

City Westerville State OH Zip Code 43081-1294

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 ▼ 500.00

Date of Receipt: 08 / 04 / 2009  
**Transaction ID: 30354498**  
Amount of Each Receipt this Period: 500.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59  
(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. Steven C. Bueltel

Mailing Address 9199 The Lane

City State Zip Code  
Naples FL 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 ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

**Transaction ID:** 30354499

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15220 Fiddlesticks Blvd

City State Zip Code  
Fort Myers FL 33912-2439

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	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

**Transaction ID:** 30354503

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Preston H. Gough, Jr.

Mailing Address 400 Chapel Hill Road

City State Zip Code  
Flora MS 39071-9324

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

Name of Employer BB&T - Southern Cross Underwriters      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
0	8	/	0	4	/	2	0	0	9

**Transaction ID:** 30388397

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 / 59  
(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. Christine A. Miller

Mailing Address 21958 Meadows Edge Lane

City State Zip Code  
Strongsville OH 44149-2864

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

Name of Employer Occupation  
Dawson Companies Vice President, Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30388399  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Voight, Jr.

Mailing Address 3414 Galloway Road

City State Zip Code  
Sandusky OH 44870-6017

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 ▼ 300.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30388400  
Amount of Each Receipt this Period: 300.00

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

Mailing Address 1414 NE 2nd Terrace

City State Zip Code  
Cape Coral FL 33909-2653

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

Name of Employer Occupation  
Dawson Companies, Cape Coral Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 04 / 2009  
Transaction ID: 30388860  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 / 59  
(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 R. Eirons

Mailing Address 1007 Cove Circle

City State Zip Code  
Huron OH 44839-1927

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  
MM / DD / YYYY  
08 / 04 / 2009

**Transaction ID:** 30388862

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alexander Hahn

Mailing Address 30115 Jefferson Way

City State Zip Code  
Westlake OH 44145-6419

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  
MM / DD / YYYY  
08 / 04 / 2009

**Transaction ID:** 30388865

Amount of Each Receipt this Period  
250.00

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

Mailing Address 28387 Center Ridge Road

City State Zip Code  
Westlake OH 44145-3869

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  
MM / DD / YYYY  
08 / 04 / 2009

**Transaction ID:** 30388872

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Grevey

Mailing Address 30938 Walden Drive

City State Zip Code  
Westlake OH 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30388873

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. John Rieth, III

Mailing Address 499 Moorewood Avenue

City State Zip Code  
Avon Lake OH 44012-3109

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 / D D / Y Y Y Y Y  
 0 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30388874

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Southgate Jones, III

Mailing Address 3940 Plymouth Road

City State Zip Code  
Durham NC 27707-5124

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

Name of Employer BB&T - Asura 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 8 / 0 4 / 2 0 0 9

**Transaction ID:** 30388875

Amount of Each Receipt this Period  
500.00

**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: PAGE 17 / 59  
(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. William C. Slocum, III

Mailing Address 416 South Dresden Circle

City State Zip Code  
Shreveport LA 71115-2907

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

Name of Employer Occupation  
Querbes & Nelson Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** 30388967

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James B. Dingus

Mailing Address 800 Old Dobbin Road

City State Zip Code  
Lexington KY 40502-2854

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

Name of Employer Occupation  
BB&T - Cromwell Insurance Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** 30389008

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Reginald Davis

Mailing Address 9325 Riverclub Parkway

City State Zip Code  
Johns Creek GA 30097-2408

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

Name of Employer Occupation  
BB&T Huffines-Russell Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** 30389011

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 59

(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)

Ms. Karen Saul

Mailing Address 608 Good Springs Road

City State Zip Code  
Brentwood TN 37027-5100

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: 30389013

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Daniel Peed

Mailing Address 15002 Granite Shoals Court

City State Zip Code  
Cypress TX 77429-1894

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

Name of Employer Occupation  
AmRisc 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 8 / 0 5 / 2 0 0 9

Transaction ID: 30389014

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Keith A. Kiser

Mailing Address 250 West First Street  
Suite 100

City State Zip Code  
Winston Salem NC 27101-4055

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

Name of Employer Occupation  
BB&T - Blue Ridge Burke Insurance 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  
0 8 / 0 6 / 2 0 0 9

Transaction ID: 30429935

Amount of Each Receipt this Period

250.00

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

5750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 59

(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. Roger Rolapp

Mailing Address 3014 Greenview Place

City State Zip Code  
Fullerton CA 92835-3112

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

Name of Employer Occupation  
Hayward, Tilton & Rolapp Insurance Ass Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: 30429939

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven L. Eginore

Mailing Address 12512 Sherwood Road

City State Zip Code  
Leawood KS 66209-3133

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

Name of Employer Occupation  
Lockton Companies, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: 30429941

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Calabrese

Mailing Address 1136 5th Avenue  
Apartment 8C

City State Zip Code  
New York NY 10128-0122

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

Name of Employer Occupation  
Lockton Companies, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: 30429942

Amount of Each Receipt this Period

1500.00

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

5000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 59

(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. Richard Schornack

Mailing Address 2900 Beauchamp Drive

City State Zip Code  
Plano TX 75093-3429

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

Name of Employer Occupation  
Lockton Companies, Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: 30429943

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven S. Harris

Mailing Address 9655 Hilldale Drive

City State Zip Code  
Dallas TX 75231-2705

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

Name of Employer Occupation  
Lockton Companies, Inc. 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  
0 8 / 0 7 / 2 0 0 9

Transaction ID: 30429944

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert P. Hollander

Mailing Address 4000 Towerside Terrace  
Apartment 1605

City State Zip Code  
Miami FL 33138-2235

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

Name of Employer Occupation  
Brown & Brown, Inc. of Miami 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  
0 8 / 1 0 / 2 0 0 9

Transaction ID: 30430015

Amount of Each Receipt this Period

250.00

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

4250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 59  
(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. Kenneth R. Masters

Mailing Address 224 Calle Campesino

City State Zip Code  
San Clemente CA 92672-4553

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

Name of Employer Occupation  
Brown & Brown of California Inc./DBA C Insurance Broker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: 30430016

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Laverne C. Wicks

Mailing Address 11200 Bent Pine Drive

City State Zip Code  
Fort Myers FL 33913-8104

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: 30430019

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 10281 Blue Palm Street

City State Zip Code  
Plantation FL 33324-8262

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: 30430022

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 59  
(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. Byron W. Davidson

Mailing Address 6316 N. 31st Street

City State Zip Code  
Phoenix AZ 85016-2355

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430023

Amount of Each Receipt this Period  
250.00

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

Mailing Address 208 Young Drive

City State Zip Code  
Clinton SC 29325-2855

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

Name of Employer Occupation  
BB&T - Carolina Insurance Consultants Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430025

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry D. Sheets

Mailing Address 4080 Lee Highway

City State Zip Code  
Weyers Cave VA 24486-2323

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

Name of Employer Occupation  
BB&T Insurance Services - Shomo Linewe Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430033

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 59  
(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. Sean L. Hickey

Mailing Address 637 Lake Avenue

City State Zip Code  
Saratoga Springs NY 12866-5401

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430036

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1242 Pine Shadow Lane

City State Zip Code  
Concord CA 94521-4800

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

Name of Employer Occupation  
Saylor and Hill Co. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430039

Amount of Each Receipt this Period  
500.00

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

Mailing Address 269 Auburn Run

City State Zip Code  
Pittsford NY 14534-9557

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30430040

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 59  
(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. John F. Murray, Jr.  
Mailing Address 10 Naples Court

City State Zip Code  
Troy NY 12180-6540

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

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

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

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** 30443937

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark D. Wachholz  
Mailing Address 314 North Charlotte Street

City State Zip Code  
Lombard IL 60148-2038

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  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30443941

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Capizzi  
Mailing Address 7428 Water Dance Way

City State Zip Code  
Lake Worth FL 33467-7228

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30443949

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 25 / 59  
(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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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 H. Laverty

Mailing Address 673 Ida Avenue

City State Zip Code  
Solana Beach CA 92075-2416

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30443986

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Henry A. Beceiro

Mailing Address 10936 Caminito Arcada

City State Zip Code  
San Diego CA 92131-3668

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30443988

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Hal Dunning

Mailing Address 4221 Via Mar De Delfinas

City State Zip Code  
San Diego CA 92130-2673

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444013

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 59  
(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. John A. Trask, Jr.  
Mailing Address 1356 Cassins Street  
City Carlsbad State CA Zip Code 92011-4856  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Barney & Barney Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 12 / 2009  
Transaction ID: 30444014  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Sweeney  
Mailing Address 2531 Corte Facil  
City Pleasanton State CA Zip Code 94566-5866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saylor and Hill Co. Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 12 / 2009  
Transaction ID: 30444016  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John V. Stock  
Mailing Address 50 Guilford Road  
City Piedmont State CA Zip Code 94611-3805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Barney & Barney Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 12 / 2009  
Transaction ID: 30444018  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 1504 Vivaldi Street

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

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444019

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William J. Peartree

Mailing Address 3359 Avenida Nieve

City State Zip Code  
Carlsbad CA 92009-9339

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444020

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel L. Nagle

Mailing Address 12359 Grandee Road

City State Zip Code  
San Diego CA 92128-2121

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444022

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. M. Kevin Mirsky

Mailing Address 2 Hillcrest Avenue

City State Zip Code  
San Anselmo CA 94960-2128

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 30444023

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 150 Prospect Avenue

City State Zip Code  
San Anselmo CA 94960-2521

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

Name of Employer Occupation  
Saylor and Hill Co. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444024

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike Milligan

Mailing Address 14161 Recuerdo Drive

City State Zip Code  
Del Mar CA 92014-2953

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444026

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 59  
(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)  
Ms. Arlene H. Lieberman

Mailing Address 746 Santa Paula

City State Zip Code  
Solana Beach CA 92075-1526

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444027

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John (Jack) D. Galloway

Mailing Address 371 Hillcrest Drive

City State Zip Code  
Encinitas CA 92024-1528

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444043

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven S. Finden

Mailing Address 579 Hidden Ridge Court

City State Zip Code  
Encinitas CA 92024-5839

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 30444045

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 59  
(check only one)

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

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

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

Mailing Address 16 Oriole Avenue

City State Zip Code  
West Sand Lake NY 12196-2110

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30466912

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5306 Century Oaks Drive

City State Zip Code  
Greensboro NC 27455-2187

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

Name of Employer Occupation  
BB&T - Professional Benefits Management Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30466915

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1118 San Ricardo Court

City State Zip Code  
Solana Beach CA 92075-1608

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30466921

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 59  
(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. Mark D. Nash

Mailing Address 4260 Randolph Street

City State Zip Code  
San Diego CA 92103-1347

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

Name of Employer Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

**Transaction ID:** 30467951

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 3368 Caminito Luna Nueva

City State Zip Code  
Del Mar CA 92014-3959

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

Name of Employer Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

**Transaction ID:** 30468230

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Patrick Hanson

Mailing Address 5514 Caballos Place

City State Zip Code  
San Diego CA 92130-3725

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

Name of Employer Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

**Transaction ID:** 30468581

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 59  
(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. William T. Buchanan

Mailing Address 526 Camino El Dorado

City State Zip Code  
Encinitas CA 92024-3820

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468650

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dianne B. Wingfield

Mailing Address 4382 Canterbury Drive

City State Zip Code  
La Mesa CA 91941-7801

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468651

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marc B. Pannier

Mailing Address 29 Ashford

City State Zip Code  
Irvine CA 92618-3913

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468652

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 59

(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. Mark Doscher

Mailing Address 16302 Woodson View Road

City State Zip Code  
Poway CA 92064-1739

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

Name of Employer Occupation  
Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

Transaction ID: 30468656

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Craig E. Tabor

Mailing Address 576 Shasta Drive

City State Zip Code  
Encinitas CA 92024-2393

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

Name of Employer Occupation  
Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

Transaction ID: 30468670

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry Douglass Moore

Mailing Address 4244 Altamirano Way

City State Zip Code  
San Diego CA 92103-1002

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

Name of Employer Occupation  
Barney & Barney 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  
0 8 / 1 3 / 2 0 0 9

Transaction ID: 30468671

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 34 / 59  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
The Council of Insurance Agents & Brokers Political Action Committee

**A.**

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

Mailing Address 236 Patty Hills Drive

City State Zip Code  
Solana Beach CA 92075-1230

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468672

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Alice A. Campbell

Mailing Address 2468 Montgomery Avenue

City State Zip Code  
Cardiff CA 92007-2106

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468676

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David E. Cannon

Mailing Address 449 Modoc Avenue

City State Zip Code  
Oakland CA 94618-2555

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

Name of Employer Occupation  
Saylor and Hill Co. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468677

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 35 / 59  
(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. William Brennan

Mailing Address 4121 Randolph Street

City State Zip Code  
San Diego CA 92103-1342

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** 30468678

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wesley V. Dasher, Jr.

Mailing Address 13 Jacobs Mill Court

City State Zip Code  
Elgin SC 29045-8646

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

Name of Employer Occupation  
BB&T - Boyle-Vaughan Associates, Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** 30472618

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randolph B. Screen

Mailing Address 12516 Bellstone Lane

City State Zip Code  
Raleigh NC 27614-8061

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** 30472619

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 36 / 59

(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. Orville D. Jones

Mailing Address 5 Timbercreek Street

City State Zip Code  
Sherman TX 75092-4503

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: 30472671

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Roger P. Smith

Mailing Address 9928 Shore Drive

City State Zip Code  
Soddy Daisy TN 37379-3550

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

Name of Employer Occupation  
BB&T Huffaker & Trimble Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: 30472679

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Winfield M. Hopkins

Mailing Address 1000 S. Catalina Avenue  
No. 101

City State Zip Code  
Redondo Beach CA 90277-4761

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: 30472680

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 37 / 59  
(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"/>		<input type="checkbox"/>		<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.** Full Name (Last, First, Middle Initial)  
Mr. J. Patrick Gallagher, Jr.

Mailing Address 825 Normandy Lane

City State Zip Code  
Glenview IL 60025-3209

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473482

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Dereszynski

Mailing Address 508 Briar Brook Run

City State Zip Code  
Fayetteville NY 13066-8750

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

Name of Employer Occupation  
Brown & Brown Empire State Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473483

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. Agnoni

Mailing Address 1360 E. 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

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

Name of Employer Occupation  
Oswald Companies Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473492

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1280.00

**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 38 / 59  
(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)  
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 Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473493

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 Occupation Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 443.32

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473494

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 Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 289.60

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30473496

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 39 / 59  
(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. 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 Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.00

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30473500**  
 Amount of Each Receipt this Period 46.00

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

Mailing Address 4024 W. 157th Street

City Cleveland State OH Zip Code 44135-1232

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 ▼ 283.50

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30473502**  
 Amount of Each Receipt this Period 21.00

**C.** 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 Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.96

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30473504**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 77.00

**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 40 / 59  
(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 J. Ruggles

Mailing Address 3790 Greenhill Road

City Pasadena State CA Zip Code 91107-2230

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

Name of Employer BB&T-Tanner Insurance Services Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30473794**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim O'Connell

Mailing Address 7287 Dancy Road

City San Diego State CA Zip Code 92126-5144

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30474018**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Diana L. Twadell

Mailing Address 2522 Clairemont Drive  
Apartment 204

City San Diego State CA Zip Code 92117-6619

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2009  
**Transaction ID: 30474020**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 59  
(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. Travis Trask

Mailing Address 6588 Coneflower Drive

City State Zip Code  
Carlsbad CA 92011-2514

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** 30474024

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2670 Kilkenny Court

City State Zip Code  
Springfield OH 45503-1157

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

Name of Employer Occupation  
Brower Insurance /Consolidated Insuran Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474119

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brendan P. Murray

Mailing Address 1549 Mashie Woods Drive

City State Zip Code  
Loveland OH 45140-5843

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

Name of Employer Occupation  
Brower Insurance Agency, LLC Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474121

Amount of Each Receipt this Period  
250.00

**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: PAGE 42 / 59  
(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"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Mr. Chris G. Pulos

Mailing Address 6711 Oak Field Drive

City State Zip Code  
Dayton OH 45415-1526

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474165

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. J. Norman Eckstein

Mailing Address 121 Grandon Road

City State Zip Code  
Dayton OH 45419-1344

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474169

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph D. Maloney

Mailing Address 505 West David Road

City State Zip Code  
Dayton OH 45429-1869

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474170

Amount of Each Receipt this Period  
250.00

**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: PAGE 43 / 59  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. David E. Griffin

Mailing Address 7116 Bigger Lane

City State Zip Code  
Centerville OH 45459-4908

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474171

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John L. Watson

Mailing Address 6870 Cedar Valley Court

City State Zip Code  
Dayton OH 45414-2168

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474175

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John P. Jackson

Mailing Address 6829 Sycamore Creek Court

City State Zip Code  
Dayton OH 45459-3241

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474176

Amount of Each Receipt this Period  
250.00

**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: PAGE 44 / 59  
(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. Edward W. Gallagher, II

Mailing Address 328 Cottonwood Place

City Dayton State OH Zip Code 45440-3486

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: 30474702

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel P. Woods

Mailing Address 8113 Aster Court

City Liberty Township State OH Zip Code 45044-1208

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: 30474707

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Nick J. Bertke

Mailing Address 2016 Laurel Creek Drive

City Troy State OH Zip Code 45373-9259

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: 30474712

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 45 / 59  
(check only one)

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

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

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

Mailing Address 6065 Sugar Maple Drive

City State Zip Code  
Westerville OH 43082-8620

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

Name of Employer  
Brower Insurance Agency, LLC

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474713

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harold A. Goodrich

Mailing Address 264 South Bird Road

City State Zip Code  
Springfield OH 45505-1608

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

Name of Employer  
Brower Insurance /Consolidated Insuran

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474719

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth S. De Vries

Mailing Address 9670 Genevieve Drive

City State Zip Code  
Saint John IN 46373-8959

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474725

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 46 / 59  
(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. John Neumaier

Mailing Address 40W246 Ralph Waldo Emerson Lane

City State Zip Code  
Saint Charles IL 60175-6532

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474727

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James P. Morris

Mailing Address 5611 Chester Gate Court

City State Zip Code  
Mason OH 45040-7227

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

Name of Employer Occupation  
Brower Insurance Agency, LLC Insurance Broker

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

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 30474731

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 9412 Reservoir Hill Court

City State Zip Code  
Parkville MD 21234-1100

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** 30474765

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: PAGE 47 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy O. Wiechers

Mailing Address 5468 River Forest Road

City State Zip Code  
Dublin OH 43017-8691

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

**Transaction ID:** 30474813

Amount of Each Receipt this Period  
300.00

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

Mailing Address 10714 Pot Spring Road

City State Zip Code  
Cockeysville MD 21030-3021

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

**Transaction ID:** 30474877

Amount of Each Receipt this Period  
300.00

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

Mailing Address 8308 Kerry Road

City State Zip Code  
Chevy Chase MD 20815-4806

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

**Transaction ID:** 30474950

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 48 / 59

(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. Joseph Payne Hindsley

Mailing Address 1 Wendover Rd

City State Zip Code  
Baltimore MD 21218-1833

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

Name of Employer Occupation  
RCM&D, Inc. 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  
0 8 / 2 1 / 2 0 0 9

Transaction ID: 30475172

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Kable, Jr.

Mailing Address 307 Stable View Ct.

City State Zip Code  
Parkton MD 21120-9699

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: 30478714

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara L. Labuskes

Mailing Address 577 Henderson Road

City State Zip Code  
Bel Air MD 21014-2540

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

Name of Employer Occupation  
RCM&D, Inc. 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  
0 8 / 2 1 / 2 0 0 9

Transaction ID: 30478716

Amount of Each Receipt this Period

500.00

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

1050.00

**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 49 / 59  
(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. John L. McElroy, III

Mailing Address 6007 Three Chopt Road

City Richmond State VA Zip Code 23226-2729

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 ▼ 300.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID: 30478724**  
 Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Albert H. Michaels, Jr.

Mailing Address 2 Kilglass Court, Apt. 204

City Timonium State MD Zip Code 21093-1851

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 ▼ 300.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID: 30478730**  
 Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry L. Purvis

Mailing Address 919 Army Road

City Towson State MD Zip Code 21204-6704

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 ▼ 300.00

Date of Receipt 08 / 21 / 2009  
**Transaction ID: 30478737**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 50 / 59  
(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) Ms. Sharon Webb		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 2831 North Calvert Street		<b>Transaction ID:</b> 30479395
City Baltimore	State MD	Zip Code 21218-4410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RCM&D, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Linda E. Jones		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 525 Little John Hill		<b>Transaction ID:</b> 30479404
City Sherwood Forest	State MD	Zip Code 21405-2025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RCM&D, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Wayne A. Fritze		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 314 Woodlawn Road		<b>Transaction ID:</b> 30479414
City Baltimore	State MD	Zip Code 21210-2309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RCM&D, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<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 51 / 59  
(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. Jon Kevin Carnell

Mailing Address 303 Dixie Drive

City State Zip Code  
Baltimore MD 21204-7002

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 ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

**Transaction ID:** 30479767

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Wood, Jr.

Mailing Address 4045 Lambert Trail

City State Zip Code  
Birmingham AL 35242-7486

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  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

**Transaction ID:** 30494419

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ed Harrington

Mailing Address 10042 S. Deer Creek Street

City State Zip Code  
Highlands Ranch CO 80129-4367

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

Name of Employer Van Gilder Insurance Corporation 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
0	8	/	2	4	/	2	0	0	9

**Transaction ID:** 30494420

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 52 / 59  
(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. James C. Drinkwater

Mailing Address 185 Mendham Road

City State Zip Code  
Bernardsville NJ 07924-1617

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

Name of Employer American Wholesale Insurance Group (AM) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2009

**Transaction ID:** 30494421

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. J. Randall McClendon

Mailing Address 1872 Shades Crest Road

City State Zip Code  
Birmingham AL 35216-1412

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  
MM / DD / YYYY  
08 / 24 / 2009

**Transaction ID:** 30494430

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1915 Elmhurst Drive

City State Zip Code  
Germantown TN 38138-2771

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

Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2009

**Transaction ID:** 30494432

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 59  
(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. James Bailey

Mailing Address 4522 Mystique Way

City Roswell State GA Zip Code 30075-2087

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

Name of Employer Pritchard & Jerden, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2009

Transaction ID: 30494454

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 3131 Middlesex Road

City Orlando State FL Zip Code 32803-1130

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

Name of Employer J. Rolfe Davis Insurance Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2009

Transaction ID: 30494503

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald B. Boone

Mailing Address 2703 Ardsley Drive

City Orlando State FL Zip Code 32804-4311

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

Name of Employer J. Rolfe Davis Insurance Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2009

Transaction ID: 30494532

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: PAGE 54 / 59  
(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. Gary M. Hysell

Mailing Address 10553 Kicking Horse Drive

City State Zip Code  
Littleton CO 80125-7947

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

Name of Employer Van Gilder Insurance Corporation  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** 30494535

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Eller

Mailing Address 3365 South Newport Street

City State Zip Code  
Denver CO 80224-2823

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

Name of Employer Van Gilder Insurance Corporation  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** 30494542

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ray Hussey

Mailing Address 1132 Park Ridge Drive, 511-16

City State Zip Code  
Roosevelt UT 84066-3902

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

Name of Employer Uintah Basin Insurance  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** 30495074

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**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 55 / 59  
(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)  
Ms. Lori Ensminger

Mailing Address 872 Springbrook Drive

City Hinton State IA Zip Code 51024-8846

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 ▼ 500.00

Date of Receipt: 08 / 26 / 2009

Transaction ID: 30495084

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry P. Sellers

Mailing Address 35 Indian Clover Drive

City The Woodlands State TX Zip Code 77381-2507

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

Name of Employer: Gallagher Sellers/Gallagher Benefit Se Occupation: Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 26 / 2009

Transaction ID: 30495093

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William F. Wilder, Jr.

Mailing Address 1060 Constitution Drive

City Chattanooga State TN Zip Code 37405-4243

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

Name of Employer: BB&T Huffaker & Trimble Occupation: Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2009

Transaction ID: 30495097

Amount of Each Receipt this Period: 250.00

**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: <span style="float: right;">PAGE 56 / 59</span>
	(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. Christopher W. Powell		Date of Receipt
Mailing Address 2709 Silas Jackson Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 8 / 2 8 / 2 0 0 9
City State Zip Code Charlottesville VA 22901-5631		<b>Transaction ID:</b> 30495108
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer BB&T - Barger Insurance (BR)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Douglas M. Paugh		Date of Receipt
Mailing Address 1050 Old Columbus Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 8 / 1 9 / 2 0 0 9
City State Zip Code Springfield OH 45503-5222		<b>Transaction ID:</b> 30571795
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Brower Insurance /Consolidated Insuran	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 95628.66

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 59  
(check only one)

<input 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 checked="" 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  
 0 8 / 1 8 / 2 0 0 9

Transaction ID: 30473479

Amount of Each Receipt this Period  
2500.00

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

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<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) Authorize.Net <hr/> Mailing Address 808 East Utah Valley Drive <hr/> City American Fork State UT Zip Code 84003 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> 30347121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 63.55
	001 Category/ Type
	001 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) First Data <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 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> 30388392 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 485.54
	001 Category/ Type
	001 Category/ Type

<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 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> 30522759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 534.41
	001 Category/ Type
	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1083.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)

Wired For Change

Mailing Address 1700 Connecticut Avenue, NW  
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 30571856

Date of Disbursement

08 / 07 / 2009

Amount of Each Disbursement this Period

400.00

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

400.00

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

1483.50