



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**The Council of Insurance Agents & Brokers Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		486287.91
(b) Cash on Hand at Beginning of Reporting Period.....	480464.58	
(c) Total Receipts (from Line 19) .....	58221.96	296129.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	538686.54	782417.25
7. Total Disbursements (from Line 31).....	98408.77	342139.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	440277.77	440277.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**The Council of Insurance Agents & Brokers Political Action Committee**

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

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).....	48794.66	255994.68
(ii) Unitemized .....	4427.30	29134.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53221.96	285129.34
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	58221.96	295129.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	58221.96	296129.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58221.96	296129.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1408.77	6971.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1408.77	6971.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	319167.50
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(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	1000.00
29. Other Disbursements .....	15000.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98408.77	342139.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98408.77	342139.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	58221.96	295129.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58221.96	294129.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1408.77	6971.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1408.77	6971.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Dennis M Donahue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 W Willow St  
 City Palatine State IL Zip Code 60067-0921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International Limited (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36110662**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Kenneth L Ray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2616 Lakeward Drive  
 City Jackson State MS Zip Code 39216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stewart-Sneed-Hewes/BancorpSouth Insur Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36110663**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Wayne Mertel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6929 Meadowlark Lane  
 City Shawnee State KS Zip Code 66226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Digital Insurance, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36110664**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Samuel H Fleet**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Brookfield Ct

City East Greenwich State RI Zip Code 02818-1238

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

Name of Employer National Employee Benefit Companies, I Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36111430**

Amount of Each Receipt this Period  
 5000.00

**B. Mr. Ross D Reda**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 W 47th St

City Kansas City State MO Zip Code 64112-1906

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36111432**

Amount of Each Receipt this Period  
 1000.00

**C. Mr. Philip F Saussy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Saint Marys Dr

City Waycross State GA Zip Code 31501-4321

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36111433**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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 OF 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Marc S Byrnes</b>		Date of Receipt
Mailing Address 3040 Topping Ln		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chagrin Falls	OH	44022-6680
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
Oswald Companies (HQ)	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>36131216</b>
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Dean Davison</b>		Date of Receipt
Mailing Address 4840 Alden Street		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shawnee	KS	62616
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
Lockton , Inc. (HQ)	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>36131229</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward C Fensholt J.D.</b>		Date of Receipt
Mailing Address 14770 S Glen Eyrie St		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Olathe	KS	66061-8504
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
Lockton Companies, LLC	Insurance Broker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : <b>36131230</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3560 Colgate

City Dallas State TX Zip Code 75225

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

Name of Employer Lockton Companies, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 36131310**

Amount of Each Receipt this Period  
 1000.00

**B. Ms. Mary Castiglia**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 Aragon Blvd

City San Mateo State CA Zip Code 94402

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

Name of Employer Hub International Insurance Services Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 36131312**

Amount of Each Receipt this Period  
 300.00

**C. Mr. Matthew Kaiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 7229 Ward Parkway

City Kansas City State MO Zip Code 64114

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

Name of Employer Lockton Companies, LLC Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : 36131315**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Daugherty</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 <b>Transaction ID : 36131316</b>
Mailing Address 9329 Saddle Lane		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77080
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Lockton Companies, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lynda W Baris</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2013 <b>Transaction ID : 36135655</b>
Mailing Address 1323 Westchester Manor Ln		Amount of Each Receipt this Period 500.00
City Chesterfield	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer J.W. Terrill, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Barone</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2013 <b>Transaction ID : 36135659</b>
Mailing Address 7865 El Paseo Grande		Amount of Each Receipt this Period 2500.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Intercare Insurance Services Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 50  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Mary Setter**

Mailing Address 18474 Schroers Farm Rd

City Eden Prairie State MN Zip Code 55347-1047

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

Name of Employer RJF Agencies Inc./Marsh Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2013  
**Transaction ID : 36135662**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Elizabeth R Smith**

Mailing Address 616 S. Bruner Street

City Hinsdale State IL Zip Code 60521

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

Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2013  
**Transaction ID : 36135664**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James S Gault**

Mailing Address 1150 Romona Rd

City Wilmette State IL Zip Code 60091-1209

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : 36137053**

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: (check only one)	PAGE 12 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Dane O Leavitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 242 S 200 W

City Cedar City State UT Zip Code 84720-3375

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

Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137055**

Amount of Each Receipt this Period  
 50.00

**B. Mr. Rodney B Leavitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 Terra Vista Way

City Las Vegas State NV Zip Code 89117-2018

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137057**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2720 Black Diamond Ter

City Colorado Springs State CO Zip Code 80918-1570

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137058**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Alma Franzoy-Capron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 31 Box 200  
 City Hatch State NM Zip Code 87937-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137060**  
 Amount of Each Receipt this Period  
**50.00**

**B. Mr. Don G Archibald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1171 South 5th West  
 City Rexburg State ID Zip Code 83440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Archibald Insurance Center (Leavitt) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137072**  
 Amount of Each Receipt this Period  
**50.00**

**C. Mr. Kevin Valine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3568 Creekwood Dr  
 City Rocklin State CA Zip Code 95677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jenkins Insurance Group/Leavitt Group Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137077**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Nathan Esplin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2131 West 546 South  
 City Cedar City State UT Zip Code 84720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36137094**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Martin P Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 E Bellevue Pl 2nd Fl  
 City Chicago State IL Zip Code 60611-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International Limited (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36139443**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mr. Timothy J Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4607 Signature Dr  
 City Middleton State WI Zip Code 53562-2364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : 36139444**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6025.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Andrew D Prill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2438 79th Ave NE  
 City Medina State WA Zip Code 98039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International Northwest Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36139445**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Mark Kaczmarek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Main Street  
 City Dubuque State IA Zip Code 52001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cottingham & Butler, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36139447**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Suzanne Whitlock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7698 Via Cortona  
 City San Diego State CA Zip Code 92127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : 36139449**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Kirk P Christ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1192 Chisolm Trail Dr  
 City Diamond Bar State CA Zip Code 91765-4146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International of California Insura Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36143655**  
 Amount of Each Receipt this Period  
**500.00**

**B. Mr. Roy H Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1450 Ravenswood Ln  
 City Riverside State CA Zip Code 92506-5541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hub International of California Insura Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36143656**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Mr. Jim Bulotti Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3636 American River Drive  
 2nd Floor  
 City Sacramento State CA Zip Code 95864-5950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2013  
**Transaction ID : 36143660**  
 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: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Rose A Krepelka**

Mailing Address PO Box 8110

City State Zip Code  
Chico CA 95927-8110

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2013  
**Transaction ID : 36143661**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Tony Bruscia**

Mailing Address 330 Tres Pinos Rd Ste A1

City State Zip Code  
Hollister CA 95023-5579

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2013  
**Transaction ID : 36143662**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Mary N Sklarski**

Mailing Address 11 Northridge Ln

City State Zip Code  
Lafayette CA 94549-3146

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2013  
**Transaction ID : 36143663**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 48 Harris Avenue

City Clarendon Hills State IL Zip Code 60514-1406

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

Name of Employer Hylant Group Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
06 / 04 / 2013  
**Transaction ID : 36143678**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 95 Ruskin Rd.

City Amherst State NY Zip Code 14226

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

Name of Employer Hylant Group Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
06 / 04 / 2013  
**Transaction ID : 36143684**

Amount of Each Receipt this Period  
42.00

**C. Andria Herr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Lee Rd Ste 300

City Winter Park State FL Zip Code 32789

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

Name of Employer Hylant Group Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 04 / 2013  
**Transaction ID : 36143694**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 182.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joe Hyde**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 North LaSalle Street, 17th Flo

City Chicago	State IL	Zip Code 60654
-----------------	-------------	-------------------

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

Name of Employer Hub International Limited (HQ)	Occupation Insurance Broker
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : 36143705**

Amount of Each Receipt this Period  
500.00

**B. Mr. Jose B Carrion**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Ponce de Leon Ave.  
MCS Plaza, Suite 700

City San Juan	State PR	Zip Code 00917-1955
------------------	-------------	------------------------

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

Name of Employer Hub International Limited (HQ)	Occupation Insurance Broker
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : 36143708**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11654 Sabino Ct.

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

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

Name of Employer Hub International Midwest	Occupation Insurance Broker
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

**Transaction ID : 36146160**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. William E Brancovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6253 S Applecross Rd  
 City Highland Heights State OH Zip Code 44143-3730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151675**  
 Amount of Each Receipt this Period  
 72.00

**B. Mr. Patrick J Butler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31818 Tradewinds Dr  
 City Avon Lake State OH Zip Code 44012-2439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151676**  
 Amount of Each Receipt this Period  
 84.00

**C. Mr. Eric L Krieg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31724 Leeward Ct  
 City Avon Lake State OH Zip Code 44012-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151677**  
 Amount of Each Receipt this Period  
 41.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard M Blades**

Mailing Address 5450 Tilbury Dr

City Houston State TX Zip Code 77056-2016

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

Name of Employer John L. Wortham & Son, L.L.P. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2013  
**Transaction ID : 36151680**

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. David Orloff**

Mailing Address 46441 Shaker Blvd

City Beachwood State OH Zip Code 44122

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2013  
**Transaction ID : 36151681**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1360 E 9th St Suite 600

City Cleveland State OH Zip Code 44114-1737

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 06 / 13 / 2013  
**Transaction ID : 36151682**

Amount of Each Receipt this Period 240.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1290.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael L Waybright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 California Ave  
 City Lorain State OH Zip Code 44052-2078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151686**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Frank Spinelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20317 Collier Dr  
 City Strongsville State OH Zip Code 44149-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151687**  
 Amount of Each Receipt this Period  
 41.66

**C. Mr. Joseph G DuBois**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10485 Penniman Drive  
 City Chardon State OH Zip Code 44024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : 36151688**  
 Amount of Each Receipt this Period  
 66.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. William F Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 20771 Woodstock Avenue

City State Zip Code  
Fairview Park OH 44126

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013  
**Transaction ID : 36151689**

Amount of Each Receipt this Period  
41.68

**B. Ms. Shannon Demaree**  
Full Name (Last, First, Middle Initial)

Mailing Address 9539 Deer Run St.

City State Zip Code  
Lenexa KS 66220

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013  
**Transaction ID : 36151692**

Amount of Each Receipt this Period  
250.00

**C. Ms. Lissa Thomson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3920 Calgary Ave.

City State Zip Code  
San Diego CA 92122-2505

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

Name of Employer Occupation  
Lockton, Inc. Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2013  
**Transaction ID : 36151694**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael H Troia</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2013 <b>Transaction ID : 36151696</b>
Mailing Address 725 S. Figuerora 35th Floor		Amount of Each Receipt this Period 500.00
City Los Angeles	State Zip Code CA 90017	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Lockton Insurance Brokers, LLC	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven S Azevedo</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2013 <b>Transaction ID : 36168550</b>
Mailing Address 815 Eagle Ridge Circle		Amount of Each Receipt this Period 500.00
City Folsom	State Zip Code CA 95630	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Interwest Insurance Services, Inc. (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Dane O Leavitt</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 <b>Transaction ID : 36168552</b>
Mailing Address 242 S 200 W		Amount of Each Receipt this Period 50.00
City Cedar City	State Zip Code UT 84720-3375	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 550.00
Name of Employer The Leavitt Group (HQ)	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mr. Rodney B Leavitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 Terra Vista Way

City Las Vegas State NV Zip Code 89117-2018

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : 36168553**

Amount of Each Receipt this Period  
**50.00**

**B. Mr. Daniel Bowers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Black Diamond Ter

City Colorado Springs State CO Zip Code 80918-1570

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : 36168554**

Amount of Each Receipt this Period  
**25.00**

**C. Ms. Alma Franzoy-Capron**  
Full Name (Last, First, Middle Initial)

Mailing Address HC 31 Box 200

City Hatch State NM Zip Code 87937-9707

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

Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : 36168556**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jonathon Bone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3372 McGraw Ln  
City Lafayette State CA Zip Code 94549-2314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beere & Purves Inc. (HQ) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2013  
**Transaction ID : 36168566**  
Amount of Each Receipt this Period  
2500.00

**B. Mr. Mark Roling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1885 Vizaleea Dr  
City Dubuque State IA Zip Code 52002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cottingham & Butler, Inc. (HQ) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2013  
**Transaction ID : 36168568**  
Amount of Each Receipt this Period  
250.00

**C. Mr. Don G Archibald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1171 South 5th West  
City Rexburg State ID Zip Code 83440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Archibald Insurance Center (Leavitt) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2013  
**Transaction ID : 36168570**  
Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin Valine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3568 Creekwood Dr  
 City Rocklin State CA Zip Code 95677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jenkins Insurance Group/Leavitt Group Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : 36168576**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. Nathan Esplin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2131 West 546 South  
 City Cedar City State UT Zip Code 84720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : 36168594**  
 Amount of Each Receipt this Period  
 25.00

**C. Mr. David M Ziegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12772 NW 15th St  
 City Coral Springs State FL Zip Code 33071-5437  
 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : 36175672**  
 Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert T Cawley</b>		Date of Receipt
Mailing Address 25 Treadwell Ct		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2013
City	State	Zip Code
Lutherville	MD	21093-3723
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 36184330</b>
Name of Employer RCM&D, Inc. (HQ)		Amount of Each Receipt this Period
Occupation Insurance Broker		2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	2500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Scott Goodreau</b>		Date of Receipt
Mailing Address 444 W. Roslyn Pl. No. 2A		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2013
City	State	Zip Code
Chicago	IL	60614
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 36184332</b>
Name of Employer Hub International Limited (HQ)		Amount of Each Receipt this Period
Occupation Insurance Broker		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>c. Mr. C. S Eagle</b>		Date of Receipt
Mailing Address P.O. Box 8004		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2013
City	State	Zip Code
Savannah	GA	31412-8004
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 36184333</b>
Name of Employer Seacrest Partners		Amount of Each Receipt this Period
Occupation Insurance Broker		500.00
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).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Daniel Bowers**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Black Diamond Ter

City Colorado Springs State CO Zip Code 80918-1570

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 36203417**

Amount of Each Receipt this Period **25.00**

**B. Ms. Alma Franzoy-Capron**  
Full Name (Last, First, Middle Initial)

Mailing Address HC 31 Box 200

City Hatch State NM Zip Code 87937-9707

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

Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 36203419**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440

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

Name of Employer Archibald Insurance Center (Leavitt) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 28 / 2013**

**Transaction ID : 36203431**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin Valine</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : 36203436</b>
Mailing Address 3568 Creekwood Dr		Amount of Each Receipt this Period 25.00
City Rocklin	State CA	Zip Code 95677
FEC ID number of contributing federal political committee. C		
Name of Employer Jenkins Insurance Group/Leavitt Group	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Nathan Esplin</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : 36203452</b>
Mailing Address 2131 West 546 South		Amount of Each Receipt this Period 25.00
City Cedar City	State UT	Zip Code 84720
FEC ID number of contributing federal political committee. C		
Name of Employer Leavitt Group (HQ), The	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Agypt</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2013 <b>Transaction ID : 36223492</b>
Mailing Address 9162 River Otter Dr		Amount of Each Receipt this Period 1000.00
City Fort Myers	State FL	Zip Code 33912-8920
FEC ID number of contributing federal political committee. C		
Name of Employer Hub International Illinois	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Kimberly Wilkerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Shawnee Mission Pkwy  
 City Fairway State KS Zip Code 66205-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Haas & Wilkerson, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2013  
**Transaction ID : 36223493**  
 Amount of Each Receipt this Period  
 500.00

**B. Jim Blakey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Ridgemont Ave  
 City San Antonio State TX Zip Code 78209-5451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Catto & Catto LLP Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : 36223494**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Darren D Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 Marshall Street  
 City Redwood City State CA Zip Code 94063-1924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ABD Insurance and Financial Services Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2013  
**Transaction ID : 36228036**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The Council of Insurance Agents & Brokers Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey McCart**

Mailing Address 1135 Vintage Club Drive

City Duluth State GA Zip Code 30097-5915

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

Name of Employer **McCart Group Inc., The** Occupation **Insurance Broker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : 36252258**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>48794.66</b>

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

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

FOR LINE NUMBER: PAGE 34 OF 50  
(check only one)

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

**A. Marsh & McLennan Companies Inc PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1166 Avenue of the Americas  
City New York State NY Zip Code 10036-2774  
FEC ID number of contributing federal political committee. **C** C00457234  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2013  
**Transaction ID : 36223567**  
Amount of Each Receipt this Period  
5000.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
<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 type="checkbox"/> 16
			<input checked="" 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. Friends Of Max Baucus**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 586

City Helena State MT Zip Code 59624

FEC ID number of contributing federal political committee. **C** C00328211

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : 36168429**

Amount of Each Receipt this Period  
 0.00

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Authorize.Net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2013

**Transaction ID : 36215933**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**B. PayPal, Inc.**

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : 36215935**

Amount of Each Disbursement this Period

1263.19

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1308.19

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

1308.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2013			

**Transaction ID : 36204091**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street  
#264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2013			

**Transaction ID : 36204092**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Road to Freedom PAC**

Mailing Address 217 Third Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2013			

**Transaction ID : 36204093**

Amount of Each Disbursement this Period

5000.00
---------

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

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

7500.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Royce Campaign Committee**

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement

011

Candidate Name

**Ed Royce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204095**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011

Candidate Name

**Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204096**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends For Gregory Meeks**

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement

011

Candidate Name

**Rep. Gregory W. Meeks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204097**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeb Fund**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824-0844

Purpose of Disbursement

011

Candidate Name

**Jeb Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204098**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 2nd Street NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204100**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City State Zip Code  
Springfield MA 01108

Purpose of Disbursement

011

Candidate Name

**Rep. Richard E. Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : 36204101**

Amount of Each Disbursement this Period

2500.00

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

18500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 36204102**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Candidate Name

**Rep. Aaron Jon Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204105**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Collins For Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

011

Candidate Name

**Rep. Doug Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204106**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Kildee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	3

**Transaction ID : 36204108**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Crowley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204123**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. The Reed Committee**

Mailing Address 8529 West Oak Place

City Vienna State VA Zip Code 22182

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John F. Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204125**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Michelle**

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michelle Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204127**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Empire PAC**

Mailing Address P.O. Box 15033

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204128**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. PAC to the Future**

Mailing Address C/o Nancy Pelosi  
430 South Capitol Street, SE, Firs

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	3

**Transaction ID : 36204130**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204131**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Mailing Address PO Box 327

City State Zip Code  
Madison WI 53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mark Pocan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

**Transaction ID : 36204132**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Nestande For Congress**

Mailing Address 2150 River Plaza Dr. #150

City State Zip Code  
Sacramento CA 95833

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Brian Nestande**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	3

**Transaction ID : 36204139**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

5	0	0	0	0	0
---	---	---	---	---	---

0	0	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peak PAC**

Mailing Address 122 C Street, NW  
Suite 505

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

**Peak PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

**Transaction ID : 36204141**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. John Carney For Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Candidate Name

**John Carney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

**Transaction ID : 36204144**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Candidate Name

**Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	3

**Transaction ID : 36204145**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary Miller For Congress**

Mailing Address 721 S Brea Canyon Rd Ste 7

City State Zip Code  
Diamond Bar CA 91789

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gary G. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

**Transaction ID : 36204147**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Rothfus For Congress**

Mailing Address PO Box 435

City State Zip Code  
Sewickley PA 15143

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Rothfus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

**Transaction ID : 36204152**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Fitzpatrick For Congress**

Mailing Address 115 N Broad Street

City State Zip Code  
Doylestown PA 18901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

**Transaction ID : 36204154**

Amount of Each Disbursement this Period

2500.00
---------

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

7500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Grimm For Congress**

Mailing Address PO Box 61806

City Staten Island State NY Zip Code 10306

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Michael Grimm**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	3

**Transaction ID : 36204155**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Duffy For Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sean Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	3

**Transaction ID : 36204163**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Robert Hurt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	3

**Transaction ID : 36204164**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

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

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

7	5	0	0	0	0
---	---	---	---	---	---

2	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wyden for Oregon**

Mailing Address 3612 Newark Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : 36204165

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends Of Mary Landrieu, Inc.**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**Sen. Mary L. Landrieu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : 36204168

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Candidate Name

Category/  
Type

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

Transaction ID : 36204169

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

**Transaction ID : 36204171**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

**Transaction ID : 36204173**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. John Carney For Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**John Carney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	3

**Transaction ID : 36204174**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Robert Hurt**

Office Sought:  House  
 Senate  
 President  
State: VA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2013

**Transaction ID : 36228037**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2500.00

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

82000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Third Way**

Mailing Address 1025 Connecticut Avenue, NW  
Suite 501

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2013

**Transaction ID : 36204129**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

15000.00

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

15000.00