

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2011 through 05 31 2011

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

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 06 20 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		345348.11
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	244312.42									
(c) Total Receipts (from Line 19)	42184.36	179572.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	286496.78	524920.80								
7. Total Disbursements (from Line 31)	37251.18	275675.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	249245.60	249245.60								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	38193.36	157526.10
(ii) Unitemized	3991.00	17046.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42184.36	174572.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42184.36	179572.69
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42184.36	179572.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42184.36	179572.69

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1351.18	3863.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1351.18	3863.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	20900.00	254900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	15000.00	16912.05
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37251.18	275675.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37251.18	275675.20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42184.36	179572.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42184.36	179572.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1351.18	3863.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1351.18	3863.15

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

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Bill D. Henry

Mailing Address 6801 Baltimore Avenue

City State Zip Code
Dallas TX 75205-1229

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Troy, L.L.P. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33277054

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Mr. Dan Browning

Mailing Address 2401 Chiswick Lake Drive

City State Zip Code
Plano TX 75093

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Troy, L.L.P. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33277055

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Kyle Moss

Mailing Address 12700 Park Central Drive Suite 1700

City State Zip Code
Dallas TX 75251-1500

FEC ID number of contributing federal political committee. C

Name of Employer: McQueary Henry Bowles Troy, L.L.P. (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33277056

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 10000.00

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 7 / 28
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Mark L. Stokes	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 901 North 190th Street	Transaction ID: 33277058
	City State Zip Code Elkhorn NE 68022-2938	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grace-Mayer Insurance Agency, Inc. (HQ) Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Scott M Purviance	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 10811 Waring Place	Transaction ID: 33277087
	City State Zip Code Charlotte NC 28277-2765	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AmWINS Group, Inc. (HQ) Occupation Insurance broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Anita Verheul	Date of Receipt MM / DD / YYYY 05 / 06 / 2011
	Mailing Address 109 Hillside Avenue	Transaction ID: 33284893
	City State Zip Code Arlington MA 02476-7268	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer William Gallagher Assoc. Ins. Brokers. Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Markham R. McKnight

Mailing Address 7132 Moniteau Court

City State Zip Code
Baton Rouge LA 70809-1163

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33284921

Amount of Each Receipt this Period
2500.00

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

Mailing Address 185 Mendham Road

City State Zip Code
Bernardsville NJ 07924-1617

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

Name of Employer Occupation
AmWINS Brokerage of New York, Inc. Insurance Broker

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33286902

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry Jolley

Mailing Address 94 Arkavalley Road

City State Zip Code
Greenbrier AR 72058-9628

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

Name of Employer Occupation
Ramsey, Krug, Farrell & Lensing, Inc./ Insurance Broker

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

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: 33330519

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Michael J. Andersen</p> <p>Mailing Address 48 Milestone Drive</p> <p>City State Zip Code Ringoos NJ 08551-2036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer William Gallagher Associates Occupation Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: 33330521</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jamie T. Balboni</p> <p>Mailing Address 22 Grove Street</p> <p>City State Zip Code Winchester MA 01890-3842</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer William Gallagher Assoc. Ins. Brokers Occupation Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: 33330522</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Gregory Collins</p> <p>Mailing Address 2730 258th Place, SE</p> <p>City State Zip Code Sammamish WA 98075-7925</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Parker Smith & Feek, Inc. (HQ) Occupation Vice President & COO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: 33330523</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Mindy M. Evanter
 Mailing Address 16 Carol Road
 City State Zip Code
 Marblehead MA 01945-2118
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 1 1
Transaction ID: 33330524
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Gallagher Assoc. Ins. Brokers.
 Occupation Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Larry D. Pittman
 Mailing Address 4820 Star Ridge Lane
 City State Zip Code
 Frisco TX 75034-5128
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 1 1
Transaction ID: 33330525
 Amount of Each Receipt this Period
 210.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roach Howard Smith & Barton, Inc. (HQ)
 Occupation Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Craford
 Mailing Address 10 Morgan Lane
 City State Zip Code
 San Rafael CA 94901-2337
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 1 1
Transaction ID: 33347317
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Craford Benefit Consultants (HQ)
 Occupation Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1460.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce L. Ferguson

Mailing Address 1006 Doric Circle

City State Zip Code
Louisville KY 40205-1734

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

Name of Employer Underwriters Group (HQ), The
Occupation Chairman

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33347570

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott C. Ferguson

Mailing Address 3510 Waterleaf Court

City State Zip Code
Louisville KY 40207-5715

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33347571

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Ewell

Mailing Address 8 Penny Lane

City State Zip Code
Medford NJ 08055-3476

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33347572

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28
(check only one)

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

A.

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

Mailing Address 28 Hidden Brook Dr

City State Zip Code
North Barrington IL 60010-6914

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33349116

Amount of Each Receipt this Period
83.34

B.

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

Mailing Address 310 Macalpin Court

City State Zip Code
Inverness IL 60010-6426

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

Name of Employer Occupation
The Plexus Groupe LLC (HQ) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33349119

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Mr. William H. Lacey

Mailing Address 5321 Pebblebrook Dr

City State Zip Code
Dallas TX 75229-5506

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

Name of Employer Occupation
The Plexus Groupe LLC Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33349122

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **250.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City State Zip Code
Riverwoods IL 60015-1722

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70

Date of Receipt

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

Transaction ID: 33349124

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Mr. James Bailey

Mailing Address 4522 Mystique Way

City State Zip Code
Roswell GA 30075-2087

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

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

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

Date of Receipt

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

Transaction ID: 33349130

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael H. Moran

Mailing Address 5 Wildwood Terrace

City State Zip Code
Winchester MA 01890-2519

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

Name of Employer Occupation
William Gallagher Assoc. Ins. Brokers Insurance Broker

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

Date of Receipt

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

Transaction ID: 33349131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Robertson

Mailing Address 875 Old Creek Trail NW

City State Zip Code
Atlanta GA 30328-3644

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

Name of Employer Occupation
William Gallagher Associa- Insurance Broker
tes

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

Date of Receipt

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

Transaction ID: 33349132

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Ursprung

Mailing Address 23 Ketch Lane

City State Zip Code
Quincy MA 02171-1552

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

Name of Employer Occupation
William Gallagher Assoc. Insurance Broker
Ins. Brokers

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

Date of Receipt

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

Transaction ID: 33349134

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas F. Bixby

Mailing Address 27 Thornley Drive

City State Zip Code
Chatham NJ 07928-1360

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

Name of Employer Occupation
William Gallagher Associa- Insurance Broker
tes

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

Date of Receipt

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

Transaction ID: 33349136

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28
(check only one)

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

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

A.

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

Mailing Address 295 Beacon Street #34

City State Zip Code
Boston MA 02116-1237

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

Name of Employer William Gallagher Assoc. Ins. Brokers.
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33349137

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edward J. Flanagan

Mailing Address 75 Richfield Road

City State Zip Code
Arlington MA 02474-2947

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

Name of Employer William Gallagher Assoc. Ins. Brokers.
Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33349139

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 10611 Moss Mill Lane

City State Zip Code
Charlotte NC 28277-1674

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: 33349145

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Wayne Carter, III

Mailing Address 5 Ventres Way

City Burlington State CT Zip Code 06013-1904

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

Name of Employer Target Insurance/Crump Insurance Servi Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2011

Transaction ID: 33349174

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 6065 Sugar Maple Drive

City Westerville State OH Zip Code 43082-8620

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

Name of Employer Brower Insurance Agency, LLC Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2011

Transaction ID: 33363993

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kerry B. Drake

Mailing Address 6448 Province Lane

City Baton Rouge State LA Zip Code 70808-3578

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 24 / 2011

Transaction ID: 33363996

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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

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

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

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

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

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

Mailing Address 2670 Kilkeny Court

City Springfield State OH Zip Code 45503-1157

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

Name of Employer: Brower Insurance /Consolidated Insuran
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 24 / 2011
Transaction ID: 33363999
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Angelo M. Nardi

Mailing Address 195 Ashbury Circle

City Park Ridge State IL Zip Code 60068-2874

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 27 / 2011
Transaction ID: 33375612
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 2016 Laurel Creek Drive

City Troy State OH Zip Code 45373-9259

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

Name of Employer: Brower Insurance Agency, LLC (HQ)
Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 27 / 2011
Transaction ID: 33375613
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28
(check only one)

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

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

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

Mailing Address 817 Elk Court

City State Zip Code
Wheaton IL 60189-8174

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

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

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

Date of Receipt
MM / DD / YYYY
05 / 27 / 2011

Transaction ID: 33376589

Amount of Each Receipt this Period
1000.00

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

Mailing Address 40W246 Ralph Waldo Emerson Lane

City State Zip Code
Saint Charles IL 60175-6532

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

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

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

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 33376591

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. David M. Ziegler

Mailing Address 12772 NW 15th Street

City State Zip Code
Coral Springs FL 33071-5437

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 33376837

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Norbert Chung

Mailing Address 16667 Calle Haleigh

City State Zip Code
Pacific Palisades CA 90272-1968

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

Name of Employer Occupation
Gallagher Benefit Services Insurance Broker
of Californ

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 33376838

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 6208 Sheaff Lane

City State Zip Code
Fort Washington PA 19034-1819

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

Name of Employer Occupation
TRION/Marsh (HQ) Principal

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 33376839

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. John A. Barron, Jr.

Mailing Address 5726 Swan Drive

City State Zip Code
Clayton OH 45315-9614

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

Name of Employer Occupation
Brower Insurance Agency, Insurance Broker
LLC (HQ)

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 33376840

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brendan P. Murray

Mailing Address 1549 Mashie Woods Drive

City State Zip Code
Loveland OH 45140-5843

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

Name of Employer Occupation
Brower Insurance Agency, LLC Insurance Broker

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

Date of Receipt

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

Transaction ID: 33376841

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City State Zip Code
Rexburg ID 83440-5092

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: 33378306

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. William Barlocker

Mailing Address 308 West Jordan

City State Zip Code
Clovis CA 93611-7181

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

Name of Employer Occupation
Barlocker Insurance Services (Leavitt) Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 33378307

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ 400.00

Date of Receipt 05 / 03 / 2011

Transaction ID: 33378328

Amount of Each Receipt this Period 100.00

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

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 ▼ 400.00

Date of Receipt 05 / 03 / 2011

Transaction ID: 33378348

Amount of Each Receipt this Period 100.00

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

Mailing Address PO Box 130

City Cedar City State UT Zip Code 84721-0130

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 03 / 2011

Transaction ID: 33378394

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

TOTAL This Period (last page this line number only) ► 38193.36

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Frank for Congress

Transaction ID: 33276710
Date of Disbursement

Mailing Address 38 Ivy Street, SE

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Barney Frank

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MA District: 04

B.

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

Transaction ID: 33350986
Date of Disbursement

Mailing Address PO Box 8145

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

City Northfield State IL Zip Code 60093

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00

Candidate Name
Mr. Robert Dold

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IL District: 10

C.

Full Name (Last, First, Middle Initial)
Friends Of John Barrow

Transaction ID: 33350987
Date of Disbursement

Mailing Address PO Box 8166

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1500.00

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 12

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress Mailing Address PO Box 12667 City Bakersfield State CA Zip Code 93389 Purpose of Disbursement 011 Candidate Name Rep. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22	Transaction ID: 33350988 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate Mailing Address 972 W Whitmire Drive City Melbourne State FL Zip Code 32935 Purpose of Disbursement 011 Candidate Name Mr. Bill Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:	Transaction ID: 33350989 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2400.00</div>
C.	Full Name (Last, First, Middle Initial) Green Mountain PAC Mailing Address 10 G Street, NE Suite 570 City Washington State DC Zip Code 20002 Purpose of Disbursement 011 Candidate Name Green Mountain PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 33373578 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4400.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Chris Murphy</p> <p>Mailing Address PO Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Christopher Murphy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:</p>	<p>Transaction ID: 33373579</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Manzullo for Congress</p> <p>Mailing Address P.O. Box 7783</p> <p>City Rockford State IL Zip Code 61126</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Donald Manzullo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 16</p>	<p>Transaction ID: 33373580</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Ms. Nan Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19</p>	<p>Transaction ID: 33373583</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boehner for Speaker-Congressman LaTourette June Reception Mailing Address P.O. Box 516 City Painesville State OH Zip Code 44077 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33373617 Date of Disbursement 05 / 26 / 2011	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Road to Freedom PAC Mailing Address 217 Third Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33373966 Date of Disbursement 05 / 26 / 2011	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) ERIC PAC Mailing Address 209 Pennsylvania, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name ERIC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33374130 Date of Disbursement 05 / 26 / 2011	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	20900.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Authorize.Net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33351023</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 45.35</p>
<p>B. Full Name (Last, First, Middle Initial) Wired For Change/Salsa Labs Inc.</p> <p>Mailing Address 1700 Connecticut Avenue, NW Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33374259</p> <p>Date of Disbursement 05 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>C. Full Name (Last, First, Middle Initial) First Data</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 33461632</p> <p>Date of Disbursement 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 177.48</p>

SUBTOTAL of Disbursements This Page (optional) ▶

622.83

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)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 33461634

Date of Disbursement

^M 0	^M 5	/	^D 3	^D 1	/	^Y 2	^Y 0	^Y 1	^Y 1
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Amount of Each Disbursement this Period

670.25

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

670.25

TOTAL This Period (last page this line number only)

1293.08

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

A.

Full Name (Last, First, Middle Initial)

Third Way

Transaction ID: 33373582

Date of Disbursement

Mailing Address 1025 Connecticut Avenue, NW
Suite 501

05 / 26 / 2011

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00