

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 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ken A. Crerar
Signature of Treasurer Electronically Filed by Ken A. Crerar Date 05 19 2010

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

Office Use Only **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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		452936.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	465966.28									
(c) Total Receipts (from Line 19)	27635.04	191073.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	493601.32	644009.15								
7. Total Disbursements (from Line 31)	31943.91	182351.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	461657.41	461657.41								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	23961.04	169872.52
(ii) Unitemized	2674.00	15200.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26635.04	185073.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26635.04	185073.10
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	1000.00	6000.00
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))	27635.04	191073.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27635.04	191073.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	943.91	4386.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	943.91	4386.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	177964.80
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31943.91	182351.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31943.91	182351.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26635.04	185073.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26635.04	185073.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	943.91	4386.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	943.91	4386.94

**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)
Ms. Nancy M. Mellard

Mailing Address 14709 Delmar

City State Zip Code
Leawood KS 66224-9545

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

Name of Employer
CBIZ Benefits & Insurance Services Gro

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	4	/	0	2	/	2	0	1	0

Transaction ID: 31558794

Amount of Each Receipt this Period
500.00

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
AmWINS Brokerage of New York, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	0

Transaction ID: 31566674

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. John F. Murray, Jr.

Mailing Address 10 Naples Court

City State Zip Code
Troy NY 12180-6540

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

Name of Employer
Rose & Kiernan, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	1	0

Transaction ID: 31566707

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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

<p>A. Full Name (Last, First, Middle Initial) Ms. Judy Tomlinson</p> <p>Mailing Address 134 Irish Hill Road</p> <p>City State Zip Code Nassau NY 12123-4010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rose & Kiernan, Inc. 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 ▼ 250.00</p>	<p>Date of Receipt 04 / 05 / 2010</p> <p>Transaction ID: 31566709</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. John H. Parrott, Jr.</p> <p>Mailing Address 3635 Ridgewood Lane SW</p> <p>City State Zip Code Roanoke VA 24014-3029</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rutherford (HQ) 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 ▼ 291.69</p>	<p>Date of Receipt 04 / 05 / 2010</p> <p>Transaction ID: 31566717</p> <p>Amount of Each Receipt this Period 41.67</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Raymond J. Garruto</p> <p>Mailing Address 3410 Savannah Hills</p> <p>City State Zip Code Matthews NC 28105-8745</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rutherford 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 ▼ 365.26</p>	<p>Date of Receipt 04 / 05 / 2010</p> <p>Transaction ID: 31566718</p> <p>Amount of Each Receipt this Period 52.18</p>
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SUBTOTAL of Receipts This Page (optional)	343.85
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)
 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. Don Gary Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440-5092

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

Name of Employer Archibald Insurance Center Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 31567179

Amount of Each Receipt this Period 200.00

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

Mailing Address 308 West Jordan

City Clovis State CA Zip Code 93611-7181

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

Name of Employer Barlocker Insurance Services Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 31567180

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 04 / 05 / 2010

Transaction ID: 31567289

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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)
 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. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 31567294

Amount of Each Receipt this Period
100.00

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

Mailing Address HC 31 Box 200

City State Zip Code
Hatch NM 87937-9707

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 31567308

Amount of Each Receipt this Period
100.00

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

Mailing Address 2652 Hill Road East

City State Zip Code
Lakeport CA 95453-6302

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 31567339

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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)
Mr. Rick Kekula

Mailing Address 3927 Chippewa Cir

City State Zip Code
Verona WI 53593-8405

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

Name of Employer Occupation
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 31567363

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2896 S. Seminole Hwy. Unit 11

City State Zip Code
Fitchburg WI 53711-7015

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

Name of Employer Occupation
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 31567365

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. George Mikes

Mailing Address 429 Broadway Unit 301

City State Zip Code
Saratoga Springs NY 12866-2231

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 31567366

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)
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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)
Ms. Laura Schurman

Mailing Address 3526 Stonebridge Drive

City State Zip Code
Madison WI 53719-4040

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

Name of Employer
Mortenson, Matzelle & Mel-drum, Inc.

Occupation
Insurance Brokers

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: 31570465

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)
Mr. Brad Niebuhr

Mailing Address 117 Pine View Drive

City State Zip Code
Madison WI 53704-7686

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

Name of Employer
Mortenson, Matzelle & Mel-drum, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 31571545

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 32 Robin Lane

City State Zip Code
Wappingers Falls NY 12590-3342

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

Name of Employer
Rose & Kiernan, Inc.

Occupation
Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: 31574818

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1240.00

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. Michael E. Victorson

Mailing Address 349 Medinah Street

City Oregon State WI Zip Code 53575-3839

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

Name of Employer: Mortenson, Matzelle & Mel-drum, Inc. Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 13 / 2010
Transaction ID: 31579993
Amount of Each Receipt this Period: 1000.00

B.

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

Mailing Address 3635 Ridgewood Lane SW

City Roanoke State VA Zip Code 24014-3029

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

Name of Employer: Rutherford (HQ) Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 04 / 20 / 2010
Transaction ID: 31656847
Amount of Each Receipt this Period: 41.67

C.

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

Mailing Address 3410 Savannah Hills

City Matthews State NC Zip Code 28105-8745

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

Name of Employer: Rutherford Occupation: Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 417.44

Date of Receipt: 04 / 20 / 2010
Transaction ID: 31656848
Amount of Each Receipt this Period: 52.18

SUBTOTAL of Receipts This Page (optional) ► 1093.85

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. Dale E. Van Dam

Mailing Address 1025 Timber Pass

City State Zip Code
Brookfield WI 53045-4560

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

Name of Employer Occupation
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

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

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

Transaction ID: 31657057

Amount of Each Receipt this Period
2500.00

B.

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

Mailing Address 3047 Rose Common Terrace

City State Zip Code
Fitchburg WI 53711-6918

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

Name of Employer Occupation
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

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

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

Transaction ID: 31657059

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 40 Laird Street
Apartment 438

City State Zip Code
Long Branch NJ 07740-8101

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

Name of Employer Occupation
Napco LLC (HQ) Insurance broker

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31661332

Amount of Each Receipt this Period
500.00

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 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. Michael A. Paschke

Mailing Address 13812 South Canyon Drive

City State Zip Code
Phoenix AZ 85048-9083

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

Name of Employer Occupation
Brown & Brown, Inc. Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: 31662044

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Rue

Mailing Address 33 Cranbury Neck Road

City State Zip Code
Cranbury NJ 08512-2801

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

Name of Employer Occupation
Rue Insurance (HQ) President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 31662052

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E. 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

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

Name of Employer Occupation
Oswald Companies (HQ) Insurance Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: 31662131

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

2560.00

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)
 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. David L. Eslick

Mailing Address 4 Arrow Tree Drive

City State Zip Code
Briarcliff Manor NY 10510-2260

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

Name of Employer Marsh Inc. Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

Transaction ID: 31666737

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Warren Mula

Mailing Address 10 Stratford Ln

City State Zip Code
Ho Ho Kus NJ 07423-1715

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

Name of Employer Aon Consulting, Inc. Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

Transaction ID: 31666738

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven DeCarlo

Mailing Address 2231 Sharon Lane

City State Zip Code
Charlotte NC 28211-3737

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 ▼ 3010.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

Transaction ID: 31666741

Amount of Each Receipt this Period
3010.00

SUBTOTAL of Receipts This Page (optional) ► **6510.00**

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. Dirk D. DeJong

Mailing Address 2401 Northeast 32nd Court

City State Zip Code
Lighthouse Point FL 33064-8180

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

Name of Employer Frank H. Furman, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 31666751

Amount of Each Receipt this Period
500.00

B. 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 ▼ 500.00

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

Transaction ID: 31666756

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. John Pagoumian

Mailing Address 517 US Highway 1 South

City State Zip Code
Iselin NJ 08830-3023

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

Name of Employer Napco LLC (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 31666757

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 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. Charles M. Ristau

Mailing Address 3435 Woodshire Crossing

City State Zip Code
Marietta GA 30066-8716

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: 04 / 26 / 2010
Transaction ID: 31666817
Amount of Each Receipt this Period: 500.00

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

Mailing Address 712 Riverton Road

City State Zip Code
Moorestown NJ 08057-1919

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

Name of Employer: Corporate Synergies Group, Inc. (HQ) Occupation: Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 26 / 2010
Transaction ID: 31666820
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Mr. Jim Yeager

Mailing Address 411 Coleman Road

City State Zip Code
Madison WI 53704-6012

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

Name of Employer: Mortenson, Matzelle & Mel-drum, Inc. Occupation: Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 26 / 2010
Transaction ID: 31666832
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1080.00**

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. 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 ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 31672479

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Mr. Dennis M. Donahue

Mailing Address 805 West Willow Street

City State Zip Code
Palatine IL 60067-0921

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

Name of Employer Occupation
Wells Fargo Insurance Services, Inc. (Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 31672488

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean LaBorde

Mailing Address 401 Autumn Circle

City State Zip Code
Mt. Horeb WI 53572

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

Name of Employer Occupation
Mortenson, Matzelle & Mel-drum, Inc. Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 31674891

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1583.34**

TOTAL This Period (last page this line number only) ► **23961.04**

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

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

A.	Full Name (Last, First, Middle Initial) Willis PAC		Date of Receipt			
	Mailing Address 7 Hanover Square		M M / D D / Y Y Y Y 04 / 30 / 2010			
	City	State	Zip Code	Transaction ID: 31688787		
	New York	NY	10004	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C C00418731		1000.00	
	Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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 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.</p> <p>Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee</p> <p>Mailing Address P.O. Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jim McGovern</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31558825</p> <p>Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31558828</p> <p>Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capuano For Congress Committee</p> <p>Mailing Address PO Box 440305</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael E. Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31558829</p> <p>Date of Disbursement 04 / 01 / 2010</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)

PAGE 21 / 28

<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) Kenny Marchant For Congress	Transaction ID: 31642084 Date of Disbursement 04 / 16 / 2010
	Mailing Address PO Box 110187	Amount of Each Disbursement this Period 2000.00
	City Carrollton State TX Zip Code 75011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Kenny Marchant	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling	Transaction ID: 31642088 Date of Disbursement 04 / 16 / 2010
	Mailing Address PO Box 820504	Amount of Each Disbursement this Period 2000.00
	City Dallas State TX Zip Code 75382	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jeb Hensarling	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: 31642089 Date of Disbursement 04 / 16 / 2010
	Mailing Address P.O. Box 2525	Amount of Each Disbursement this Period 2000.00
	City Orange State CA Zip Code 92859	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ed Royce	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 28

<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) Royce Campaign Committee	Transaction ID: 31642090 Date of Disbursement 04 / 16 / 2010
	Mailing Address P.O. Box 2525	Amount of Each Disbursement this Period 500.00
	City Orange State CA Zip Code 92859	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ed Royce	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 31642091 Date of Disbursement 04 / 16 / 2010
	Mailing Address PO Box 1151	Amount of Each Disbursement this Period 2000.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Jerry Moran	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Olson For Congress Committee	Transaction ID: 31642092 Date of Disbursement 04 / 16 / 2010
	Mailing Address PO Box 16381	Amount of Each Disbursement this Period 1000.00
	City Sugar Land State TX Zip Code 77496	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Peter Olson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 23 / 28

<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) The Reed Committee</p> <p>Mailing Address 8529 West Oak Place</p> <p>City Vienna State VA Zip Code 22182</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John F. Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:</p>	<p>Transaction ID: 31642094 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	6		2	0	1	0													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address PO Box 23219 Suite 301</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 01</p>	<p>Transaction ID: 31666191 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	1	0													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Kelly Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:</p>	<p>Transaction ID: 31666194 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	1	0													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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) Mike Ross for Congress Committee	Transaction ID: 31666195 Date of Disbursement 04 / 23 / 2010
	Mailing Address PO Box 360 120 West Second Street North	Amount of Each Disbursement this Period 1500.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mike Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 31666196 Date of Disbursement 04 / 23 / 2010
	Mailing Address PO Box 74	Amount of Each Disbursement this Period 1000.00
	City Syracuse State NY Zip Code 13214	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Daniel B. Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jim Tracy For Congress	Transaction ID: 31666198 Date of Disbursement 04 / 23 / 2010
	Mailing Address PO Box 331677	Amount of Each Disbursement this Period 1000.00
	City Murfreesboro State TN Zip Code 37133	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Jim Tracy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<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) LaTourette for Congress Committee	Transaction ID: 31666199 Date of Disbursement
	Mailing Address P.O. Box 516	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Painesville State OH Zip Code 44077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Steven C. LaTourette	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 31673455 Date of Disbursement
	Mailing Address Post Office Box 9336	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Earl Pomeroy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Trey Grayson	Transaction ID: 31673502 Date of Disbursement
	Mailing Address PO Box 175726	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Ft Mitchell State KY Zip Code 41017	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name C Grayson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Joe Donnelly For Congress

Mailing Address PO Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Donnelly

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

Transaction ID: 31673533
Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Lewis For Congress Committee

Mailing Address PO Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jerry Lewis

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District: 41

Transaction ID: 31673574
Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

3100.00

**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) Wired For Change</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="text" value="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: 31690089 Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="400.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) PayPal, Inc.</p> <p>Mailing Address 4100 Solutions Center, #774100</p> <p>City Chicago State IL Zip Code 60677-4001</p> <p>Purpose of Disbursement <input type="text" value="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: 31701297 Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="176.02"/></p>
<p>C. 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="text" value="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: 31701299 Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="56.35"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

<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)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 31701301

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	4		0	1		2	0	1	0

Amount of Each Disbursement this Period

276.04

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

276.04

TOTAL This Period (last page this line number only)

908.41