



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="784975.58"/>	<input type="text" value="784975.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1075841.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16402.67"/>	<input type="text" value="1105128.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1092243.80"/>	<input type="text" value="1890103.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="109581.74"/>	<input type="text" value="907441.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="982662.06"/>	<input type="text" value="982662.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13078.05	968263.26
(ii) Unitemized .....	3324.62	116365.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16402.67	1084628.32
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16402.67	1097128.32
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	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16402.67	1105128.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16402.67	1105128.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	581.74	21934.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	581.74	21934.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109000.00	876748.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1200.00
(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	1200.00
29. Other Disbursements .....	0.00	7559.17
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109581.74	907441.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109581.74	907441.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	16402.67	1097128.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16402.67	1095928.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	581.74	21934.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	581.74	21934.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. William E Brancovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6253 S Applecross Rd  
 City Highland Heights State OH Zip Code 44143-3730  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt 12 / 04 / 2015  
**Transaction ID : 38905950**  
 Amount of Each Receipt this Period 41.66

**B. Ms. Jacquelyn Gould**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 Cottage Ave  
 City Glen Ellyn State IL Zip Code 60137-4444  
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 15 / 2015  
**Transaction ID : 38905960**  
 Amount of Each Receipt this Period 2500.00

**C. Mr. Bryan M Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1360 E 9th St Suite 600  
 City Cleveland State OH Zip Code 44114-1737  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2015  
**Transaction ID : 38905963**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2571.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Walter R Fawcett III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Macalpin Ct  
 City Barrington State IL Zip Code 60010-6426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4869.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38905993**  
 Amount of Each Receipt this Period  
 416.68

**B. Mr. Mitchell C Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Hidden Brook Dr Suite 300  
 City North Barrington State IL Zip Code 60010-6914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2410.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38905995**  
 Amount of Each Receipt this Period  
 219.28

**C. Mr. William H Lacey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5321 Pebblebrook Dr  
 City Dallas State TX Zip Code 75229-5506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1962.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38905996**  
 Amount of Each Receipt this Period  
 166.68

<b>SUBTOTAL</b> of Receipts This Page (optional).....	802.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mrs. Christina L Robbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 Arbor Court  
 City Mount Prospect State IL Zip Code 60056-4477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38905997**  
 Amount of Each Receipt this Period  
 33.34

**B. Mr. Jeffrey E Brogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5823 Sand Shell Court  
 City Dallas State TX Zip Code 75252-2346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38905998**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Paul Catania**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5758 Williamsburg Cir  
 City Hudson State OH Zip Code 44236-3780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906000**  
 Amount of Each Receipt this Period  
 52.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 46441 Shaker Blvd

City Beachwood State OH Zip Code 44122

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **512.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906018**

Amount of Each Receipt this Period  
**21.26**

**B. Mr. Jeffrey J Schwab**  
Full Name (Last, First, Middle Initial)

Mailing Address 1136 Sheerbrook Dr.

City Chagrin Falls State OH Zip Code 44022-4137

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906021**

Amount of Each Receipt this Period  
**22.00**

**C. Mr. Michael L Waybright**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 California Ave

City Lorain State OH Zip Code 44052-2078

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906023**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... **123.26**

**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 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Frank Spinelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 20317 Collier Dr

City Strongsville State OH Zip Code 44149-4067

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906024**

Amount of Each Receipt this Period  
 208.84

**B. Mr. Paul A Glantz**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Gray Woods Ln

City Lake Angelus State MI Zip Code 48326-1240

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

Name of Employer Proctor Financial, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906026**

Amount of Each Receipt this Period  
 250.00

**C. Mr. Glenn D Morrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 Gaslight Drive

City Algonquin State IL Zip Code 60102-3213

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906031**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Joseph G DuBois**  
Full Name (Last, First, Middle Initial)

Mailing Address 10485 Penniman Drive

City Chardon State OH Zip Code 44024-8230

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906035**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 200 E Randolph St Fl 9

City Chicago State IL Zip Code 60601-6408

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

Name of Employer Aon Risk Services (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : 38906067**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2715 Crabtree Lane

City Northbrook State IL Zip Code 60062-3412

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906068**

Amount of Each Receipt this Period  
 26.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 626.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael R Mann**  
Full Name (Last, First, Middle Initial)

Mailing Address 364 Prospect Avenue

City State Zip Code  
Glen Ellyn IL 60137-4955

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 ▼  
866.66

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : 38906070**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 17330 Preston Rd Ste 200B

City State Zip Code  
Dallas TX 75252-6076

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

Name of Employer Occupation  
Plexus Groupe LLC, The Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : 38906075**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 20771 Woodstock Avenue

City State Zip Code  
Fairview Park OH 44126-1442

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 ▼  
295.20

Date of Receipt  
12 / 04 / 2015  
**Transaction ID : 38906080**

Amount of Each Receipt this Period  
29.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Jonathan Sadlier**  
Full Name (Last, First, Middle Initial)

Mailing Address 19910 Eldora Road

City Rocky River State OH Zip Code 44116-1949

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906081**

Amount of Each Receipt this Period  
**416.80**

**B. Mr. Brian M Feliciano**  
Full Name (Last, First, Middle Initial)

Mailing Address 511 Marguerite Ave.

City Cuyahoga Falls State OH Zip Code 44221-1811

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

Name of Employer Oswald Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906095**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 6125 Penrose

City Dallas State TX Zip Code 75214-3039

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

Name of Employer Plexus Groupe LLC, The Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906119**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>321.68</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Brian F Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21805 Field Parkway, Suite 300  
 City State Zip Code  
 Deer Park IL 60010-3231  
 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 ▼  
 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906121**  
 Amount of Each Receipt this Period  
 84.00

**B. Mr. Greg Lopez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Oswald Centre  
 1100 Superior Avenue, Suite 1500  
 City State Zip Code  
 Cleveland OH 44114-2544  
 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 ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : 38906149**  
 Amount of Each Receipt this Period  
 14.00

**C. Ms. Peggy Bass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17330 Preston Rd  
 Ste 200B  
 City State Zip Code  
 Dallas TX 75252-6076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Plexus Groupe LLC, The Insurance Broker  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906151**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Laurel Kulwein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17330 Preston Rd  
 Ste 200B  
 City Dallas State TX Zip Code 75252-6076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Plexus Groupe LLC, The Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : 38906152**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Dane O Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 S 200 W  
 City Cedar City State UT Zip Code 84720-3375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 39033843**  
 Amount of Each Receipt this Period  
 50.00

**c. Mr. Dane O Leavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 S 200 W  
 City Cedar City State UT Zip Code 84720-3375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 39033844**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 242 S 200 W

City Cedar City State UT Zip Code 84720-3375

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : 39033845**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 3927 Chippewa Cir

City Verona State WI Zip Code 53593-8405

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033847**

Amount of Each Receipt this Period  
 1000.00

**C. Mr. Michael E Victorson**  
Full Name (Last, First, Middle Initial)

Mailing Address 349 Medinah St.

City Oregon State WI Zip Code 53575-3839

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033848**

Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1133.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2720 Black Diamond Ter

City Colorado Springs State CO Zip Code 80918-1570

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : 39033853**

Amount of Each Receipt this Period **25.00**

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

Mailing Address HC 31 Box 200

City Hatch State NM Zip Code 87937-9707

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **12 / 01 / 2015**

**Transaction ID : 39033857**

Amount of Each Receipt this Period **50.00**

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

Mailing Address HC 31 Box 200

City Hatch State NM Zip Code 87937-9707

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **12 / 15 / 2015**

**Transaction ID : 39033858**

Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Alma Franzoy-Capron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 31 Box 200  
 City Hatch State NM Zip Code 87937-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : 39033859**  
 Amount of Each Receipt this Period **50.00**

**B. Mr. James Brunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : 39033872**  
 Amount of Each Receipt this Period **41.67**

**C. Mr. Gregory Hendricksen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : 39033874**  
 Amount of Each Receipt this Period **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>141.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Christine M Kenyon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033875**  
 Amount of Each Receipt this Period 208.34

**B. Mr. Michael J Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.67

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033877**  
 Amount of Each Receipt this Period 83.34

**C. Mr. Gerald J Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033879**  
 Amount of Each Receipt this Period 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Kevin Clougherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 N 4th Street  
 City Mount Horeb State WI Zip Code 53572-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033880**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Jeffrey Ireland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3113 W Beltline Hwy  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033881**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Jeff Knatz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 Freshir Ct.  
 City Waunakee State WI Zip Code 53597-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033882**  
 Amount of Each Receipt this Period  
 41.68

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Sean LaBorde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Autumn Circle  
 City Mt. Horeb State WI Zip Code 53572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033883**  
 Amount of Each Receipt this Period  
 83.34

**B. Mr. Bradley Niebuhr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Pine View Drive  
 City Madison State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033884**  
 Amount of Each Receipt this Period  
 83.34

**C. Mr. Jason Nordby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 513 West Lake Street  
 City Lake Mills State WI Zip Code 53713-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033885**  
 Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Scott Trinrud**

Mailing Address 3406 Oakwood Hills Pkwy

City Eau Claire State WI Zip Code 54701-7776

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.83**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2015**

**Transaction ID : 39033887**

Amount of Each Receipt this Period  
**41.67**

Full Name (Last, First, Middle Initial)  
**B. Mr. Donald J Thompson Jr.**

Mailing Address 515 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **246.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2015**

**Transaction ID : 39033891**

Amount of Each Receipt this Period  
**22.00**

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

Mailing Address 8259 Michelle Lane

City Lambertville State MI Zip Code 48144-9582

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2015**

**Transaction ID : 39033892**

Amount of Each Receipt this Period  
**42.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. John H McDermott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5826 Winslow Rd  
 City Whitehouse State OH Zip Code 43571-9188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 446.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39033893**  
 Amount of Each Receipt this Period 24.00

**B. Mr. Kent S Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2411 Lake Ridge Drive  
 City Fort Wayne State IN Zip Code 46804-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39033895**  
 Amount of Each Receipt this Period 20.00

**C. Ms. Amy Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033896**  
 Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1091 Beacon Hill Dr

City Dexter State MI Zip Code 48130-9001

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.96**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39033897**

Amount of Each Receipt this Period  
**42.00**

**B. Mr. Patrick J McDaniel**  
Full Name (Last, First, Middle Initial)

Mailing Address 50243 Livingston Drive

City Northville State MI Zip Code 48168-6804

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **395.04**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39033899**

Amount of Each Receipt this Period  
**41.68**

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

Mailing Address 828 John Nolen Drive

City Madison State WI Zip Code 53713-1424

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : 39033900**

Amount of Each Receipt this Period  
**41.68**

**SUBTOTAL** of Receipts This Page (optional)..... **125.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael Thorp Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Eastpoint Parkway  
PO Box 23790

City Louisville State KY Zip Code 40223-0790

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 ▼ 250.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : 39033901**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 505 South 24th Avenue

City Wausau State WI Zip Code 54401-1706

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : 39033903**

Amount of Each Receipt this Period  
83.34

**C. Ms. Cynthia Van Asten**  
Full Name (Last, First, Middle Initial)

Mailing Address 480 Pilgrim Way

City Green Bay State WI Zip Code 54304-5280

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : 39033904**

Amount of Each Receipt this Period  
208.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Timothy Cleary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033905**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. John Healy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2896 S. Seminole Hwy. Unit 11  
 City Fitchburg State WI Zip Code 53711-7015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033909**  
 Amount of Each Receipt this Period  
 83.34

**C. Mr. Edward Rapee III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Riverwood Corporate Center, Buildi  
 City Waukesha State WI Zip Code 53188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39033910**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Nezh Hasanoglu**  
Full Name (Last, First, Middle Initial)

Mailing Address Riverwood Corporate Center, Buildi

City Waukesha State WI Zip Code 53188

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033911**

Amount of Each Receipt this Period 500.00

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

Mailing Address N72 W28925 Fishers Landing

City Hartland State WI Zip Code 53029-8328

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033912**

Amount of Each Receipt this Period 83.34

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

Mailing Address 137 E Wilson Street, Unit 612

City Madison State WI Zip Code 53703-4080

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39033913**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 608.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4261 Morgan Pl.

City Perrysburg State OH Zip Code 43551-2194

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.04

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39033914**

Amount of Each Receipt this Period 16.68

**B. Mr. James R Lash Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 11661 Big Bone Rd

City Union State KY Zip Code 41091-9635

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.24

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39033919**

Amount of Each Receipt this Period 24.00

**C. Mrs. Diane M Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Hawthorne Dr

City Brooklyn State MI Zip Code 49230-8924

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39033920**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Daniel K Fening**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17614 Walnut Trl  
 City Chagrin Falls State OH Zip Code 44023-6415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39033921**  
 Amount of Each Receipt this Period  
 22.92

**B. Mr. Mark J Renske**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5684 Wyntree Ct  
 City Maineville State OH Zip Code 45039-7300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39033922**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Lowell B Price**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15649 Myers Rd  
 City Marysville State OH Zip Code 43040-8911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39033923**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Don G Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 Morgan St

City Oberlin State OH Zip Code 44074-1516

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39033924**

Amount of Each Receipt this Period  
**20.00**

**B. Mr. Adam D Balls**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 Riley Ln

City Monroe State OH Zip Code 45050-2568

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39033925**

Amount of Each Receipt this Period  
**22.92**

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

Mailing Address 5713 Corey Cv

City Sylvania State OH Zip Code 43560-2734

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **267.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39033931**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **62.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2029 Chesnut Cresent

City Saline State MI Zip Code 48176-1668

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.32**

Date of Receipt **12 / 22 / 2015**

**Transaction ID : 39033932**

Amount of Each Receipt this Period **24.00**

**B. Mr. Larry E Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 38755 Carriage Circle

City North Ridgeville State OH Zip Code 44039-9742

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 22 / 2015**

**Transaction ID : 39033933**

Amount of Each Receipt this Period **20.00**

**C. Mr. Kevin M O'Donnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 West Big Beaver Road Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.76**

Date of Receipt **12 / 22 / 2015**

**Transaction ID : 39033934**

Amount of Each Receipt this Period **22.92**

**SUBTOTAL** of Receipts This Page (optional)..... **66.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Stephen P Ligus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4207 Keswick Drive  
 City Brunswick State OH Zip Code 44212-7006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39033936**  
 Amount of Each Receipt this Period  
 300.00

**B. Mrs. Kimberly L Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6288 N 600 E  
 City Ossian State IN Zip Code 46777-9641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39033937**  
 Amount of Each Receipt this Period  
 16.68

**C. Mr. Kirk Rule**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7217 Via Lomas  
 City San Jose State CA Zip Code 95139-1141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Pacific Insurance Brokers Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 39033956**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Todd Toner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Hogan Circle  
 City Durango State CO Zip Code 81301-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schield-Leavitt Insurance Agency, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 39034011**  
 Amount of Each Receipt this Period  
 16.50

**B. Mr. Todd Toner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Hogan Circle  
 City Durango State CO Zip Code 81301-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schield-Leavitt Insurance Agency, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 39034012**  
 Amount of Each Receipt this Period  
 16.50

**C. Mr. Todd Toner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Hogan Circle  
 City Durango State CO Zip Code 81301-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schield-Leavitt Insurance Agency, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : 39034013**  
 Amount of Each Receipt this Period  
 16.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Terry G Morman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 814 Pine Valley Dr.  
 City Bowling Green State OH Zip Code 43402-5224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034014**  
 Amount of Each Receipt this Period  
 200.00

**B. Mr. Mark Kenney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 South 800 West  
 City Cedar City State UT Zip Code 84720-3037  
 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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2015  
**Transaction ID : 39034021**  
 Amount of Each Receipt this Period  
 15.00

**C. Mr. Mark Kenney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 South 800 West  
 City Cedar City State UT Zip Code 84720-3037  
 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 ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 39034022**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Guylaine Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Campau Avenue NW  
Suite 100

City Grand Rapids State MI Zip Code 49503-2720

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034031**

Amount of Each Receipt this Period  
**21.00**

**B. Mr. James M Kenyon**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Campau Avenue NW  
Suite 100

City Grand Rapids State MI Zip Code 49503-2720

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034032**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 1157 Pinehurst Drive

City Verona State WI Zip Code 53593-2277

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : 39034035**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **71.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas C Madison**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3583 Westcott Drive SE  
City State Zip Code  
Ada MI 49301-8633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Hylant Insurance Broker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**278.24**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015  
**Transaction ID : 39034038**  
Amount of Each Receipt this Period  
**24.00**

**B. Mr. Kevin Muir**  
Full Name (Last, First, Middle Initial)  
Mailing Address 811 Madison Avenue, Fl 7  
City State Zip Code  
Toledo OH 43604-5626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Hylant Group (HQ) Insurance Broker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**261.96**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015  
**Transaction ID : 39034039**  
Amount of Each Receipt this Period  
**33.32**

**C. Mr. Patrick D LeMire**  
Full Name (Last, First, Middle Initial)  
Mailing Address 828 John Nolen Drive  
City State Zip Code  
Madison WI 53713-1424  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
M3 Insurance Solutions, Inc. Insurance Broker  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : 39034040**  
Amount of Each Receipt this Period  
**20.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>78.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Mary Beth B Basel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39034041**  
 Amount of Each Receipt this Period  
 83.34

**B. Ms. Andria Herr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 International Parkway Suite 330  
 City Lake Mary State FL Zip Code 32746-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034047**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Ken Enlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 International Parkway Suite 330  
 City Lake Mary State FL Zip Code 32746-5055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034048**  
 Amount of Each Receipt this Period  
 22.92

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2401 West Big Beaver Road  
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034049**

Amount of Each Receipt this Period  
**22.92**

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

Mailing Address 2401 West Big Beaver Road  
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.76**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034050**

Amount of Each Receipt this Period  
**22.92**

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

Mailing Address 2401 West Big Beaver Road  
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034052**

Amount of Each Receipt this Period  
**42.00**

**SUBTOTAL** of Receipts This Page (optional)..... **87.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Jeffrey Steckbauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 S. 24th Avenue  
 City Wausau State WI Zip Code 54401-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39034063**  
 Amount of Each Receipt this Period  
 41.67

**B. Ms. Jennifer Vanderlip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 John Nolen Drive  
 City Madison State WI Zip Code 53713-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : 39034064**  
 Amount of Each Receipt this Period  
 41.68

**C. Mr. Gregory A Nemmers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Campau Avenue NW Suite 100  
 City Grand Rapids State MI Zip Code 49503-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034068**  
 Amount of Each Receipt this Period  
 41.68

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Jessica Biggs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5851 Black Swan Dr.  
City Sylvania State OH Zip Code 43560-9588  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39034069**  
Amount of Each Receipt this Period 200.00

**B. Mr. Joseph Wieligman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4615 Farmington Rd.  
City Toledo State OH Zip Code 43623-2633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.04

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39034075**  
Amount of Each Receipt this Period 41.68

**C. Mr. Christopher Pelkey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 North Wacker Dr. Suite 1500  
City Chicago State IL Zip Code 60606-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hylant Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 237.52

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39034076**  
Amount of Each Receipt this Period 16.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.36  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Keith A Berry**  
Full Name (Last, First, Middle Initial)

Mailing Address Riverwood Corporate Center, Buildi

City Waukesha State WI Zip Code 53188

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39034077**

Amount of Each Receipt this Period 21.68

**B. Mr. Matthew R Deininger**  
Full Name (Last, First, Middle Initial)

Mailing Address Riverwood Corporate Center, Buildi

City Waukesha State WI Zip Code 53188

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39034078**

Amount of Each Receipt this Period 41.67

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

Mailing Address 1705 17th Street, Suite 100

City Denver State CO Zip Code 80202-1260

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : 39034086**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 313.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Brian Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 John Nolen Drive

City Madison State WI Zip Code 53713-1424

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : 39034088**

Amount of Each Receipt this Period 200.00

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

Mailing Address 51 Corporate Woods  
9393 W. 110th Street, Suite 600

City Overland Park State KS Zip Code 66210-1465

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

Name of Employer IMA Financial Group Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : 39034089**

Amount of Each Receipt this Period 500.00

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

Mailing Address 85 Campau Avenue NW  
Suite 100

City Grand Rapids State MI Zip Code 49503-2720

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 22 / 2015  
**Transaction ID : 39034094**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Jason A Freeman**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Frank Lloyd Wright Dr  
Ste J4100

City Ann Arbor State MI Zip Code 48105-9484

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034095**

Amount of Each Receipt this Period  
22.92

**B. Mr. Michael J Storey**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 Madison Ave Fl 11

City Toledo State OH Zip Code 43604-5626

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

Name of Employer Hylant Group (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034096**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 50 E Business Way Ste 200

City Cincinnati State OH Zip Code 45241-2397

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

Name of Employer Hylant Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 22 / 2015  
**Transaction ID : 39034097**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Ms. Cynthia K Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 E Business Way Ste 200  
 City Cincinnati State OH Zip Code 45241-2397  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034098**  
 Amount of Each Receipt this Period  
 20.00  
 Aggregate Year-to-Date ▼  
 240.00

**B. Ms. Tina J Zeiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 Madison Ave Fl 11  
 City Toledo State OH Zip Code 43604-5626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hylant Group (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : 39034099**  
 Amount of Each Receipt this Period  
 20.00  
 Aggregate Year-to-Date ▼  
 240.00

**C. Mr. Brad Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 998 South 1500 East  
 City Salt Lake City State UT Zip Code 84105-1652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2015  
**Transaction ID : 39034101**  
 Amount of Each Receipt this Period  
 38.45  
 Aggregate Year-to-Date ▼  
 461.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gordon Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 635 S Segoe Lily Circle

City North Salt Lake State UT Zip Code 84054-3355

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **783.60**

Date of Receipt **12 / 10 / 2015**

**Transaction ID : 39034102**

Amount of Each Receipt this Period **65.30**

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

Mailing Address 547 Happy Hollow Rd

City Kaysville State UT Zip Code 84037-1663

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **696.36**

Date of Receipt **12 / 10 / 2015**

**Transaction ID : 39034104**

Amount of Each Receipt this Period **58.03**

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

Mailing Address 2620 Casto Lane

City Salt Lake City State UT Zip Code 84117-6303

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1192.68**

Date of Receipt **12 / 10 / 2015**

**Transaction ID : 39034105**

Amount of Each Receipt this Period **99.39**

**SUBTOTAL** of Receipts This Page (optional)..... **222.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Scott Fielding**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 S 400 E  
Suite 300

City Salt Lake City State UT Zip Code 84111-3349

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

Name of Employer GBS Benefits, Inc. (Leavitt) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
516.12

Date of Receipt  
12 / 10 / 2015  
**Transaction ID : 39034106**

Amount of Each Receipt this Period  
43.01

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

Mailing Address 1264 Woodward Place

City West Jordan State UT Zip Code 84088-5736

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
412.56

Date of Receipt  
12 / 10 / 2015  
**Transaction ID : 39034109**

Amount of Each Receipt this Period  
34.38

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

Mailing Address 205 N. Vernal Ave

City Vernal State UT Zip Code 84078-1701

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

Name of Employer Leavitt Group Insurance of Vernal Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
464.52

Date of Receipt  
12 / 10 / 2015  
**Transaction ID : 39034110**

Amount of Each Receipt this Period  
38.71

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jeff Kluge**  
Full Name (Last, First, Middle Initial)

Mailing Address 5955 Mountain Ranch Dr

City	State	Zip Code
Park City	UT	84098-6177

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

Name of Employer	Occupation
Leavitt Group of Wasatch-Summit	Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **969.24**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

**Transaction ID : 39034111**

Amount of Each Receipt this Period  

80.77
-------

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

Mailing Address 235 North Blake Court

City	State	Zip Code
Logan	UT	84321-6767

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

Name of Employer	Occupation
Leavitt Group of Northern Utah, The	Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.60**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

**Transaction ID : 39034112**

Amount of Each Receipt this Period  

26.05
-------

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

Mailing Address 6074 Oak Canyon Dr

City	State	Zip Code
Salt Lake City	UT	84121-6361

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

Name of Employer	Occupation
Leavitt Group Insurance Advisors	Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **603.48**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2015

**Transaction ID : 39034113**

Amount of Each Receipt this Period  

50.29
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>157.11</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Laura Peifer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2721 E. Canton Lane  
City Sandy State UT Zip Code 84092-7126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 332.16

Date of Receipt 12 / 10 / 2015  
**Transaction ID : 39034114**  
Amount of Each Receipt this Period 27.68

**B. Ms. Shauna Romine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5944 W Southern Cross Court  
City Highland State UT Zip Code 84003-3668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.32

Date of Receipt 12 / 10 / 2015  
**Transaction ID : 39034115**  
Amount of Each Receipt this Period 22.11

**C. Mr. Scott Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 S 400 E Suite 300  
City Salt Lake City State UT Zip Code 84111-3349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GBS Benefits, Inc. (Leavitt) Occupation Insurance Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 966.60

Date of Receipt 12 / 10 / 2015  
**Transaction ID : 39034118**  
Amount of Each Receipt this Period 80.55

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.34  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael Wagner**

Mailing Address 10833 S Blossom Tree Ln

City Sandy State UT Zip Code 84070-5317

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

Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.36**

Date of Receipt **12 / 10 / 2015**

**Transaction ID : 39034119**

Amount of Each Receipt this Period **32.03**

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

Mailing Address Riverwood Corporate Center, Buildi  
N19 W24200 Riverwood Drive

City Waukesha State WI Zip Code 53188-1179

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 11 / 2015**

**Transaction ID : 39034120**

Amount of Each Receipt this Period **500.00**

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

Mailing Address Riverwood Corporate Center, Buildi  
N19 W24200 Riverwood Drive

City Waukesha State WI Zip Code 53188-1179

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 11 / 2015**

**Transaction ID : 39034133**

Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1032.03</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13078.05</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 100 N. Tryon St.

City Charlotte State NC Zip Code 28255

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2015

**Transaction ID : 38969759**

Amount of Each Disbursement this Period

131.50

Full Name (Last, First, Middle Initial)

**B. PayPal, Inc.**

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : 38969761**

Amount of Each Disbursement this Period

127.20

Full Name (Last, First, Middle Initial)

**C. Authorize.Net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2015

**Transaction ID : 38969762**

Amount of Each Disbursement this Period

45.00

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

303.70

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANYBILL**

Mailing Address PO Box 34781

City State Zip Code  
Bethesda MD 20827-0781

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39050398**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Comstock for Congress**

Mailing Address PO Box 831

City McLean State VA Zip Code 22101

Purpose of Disbursement

011

Candidate Name

**Barbara Comstock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

**Transaction ID : 39024284**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Donovan For Congress**

Mailing Address 440 Leverett Avenue

City Staten Island State NY Zip Code 10308

Purpose of Disbursement

011

Candidate Name

**Dan Donovan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

**Transaction ID : 39024285**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

011

Candidate Name

**Rep. Tom Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

**Transaction ID : 39024286**

Amount of Each Disbursement this Period

1500.00
---------

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

6500.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Motor City PAC

Mailing Address 200 I Street, NE  
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 39024287

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 39024292

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011

Candidate Name

**Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Transaction ID : 39024295

Amount of Each Disbursement this Period

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

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

8	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Candidate Name

**Steve Scalise**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

**Transaction ID : 39024363**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Joe PAC**

Mailing Address 50 E Street, SE Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : 39024382**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pittenger For Congress Llc**

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement

011

Candidate Name

**Rep. Robert Pittenger**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39024383**

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Emmer For Congress**

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement

011

Candidate Name

**Rep. Tom Earl Emmer Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : 39024384**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

011

Candidate Name

**Rep. Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : 39024387**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens For Waters**

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement

011

Candidate Name

**Rep. Maxine Waters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

**Transaction ID : 39024446**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Roger Williams For U S Congress Committee**

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roger Williams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : 39024450**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Moulton For Congress**

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Seth Moulton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : 39024451**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Steve Cohen For Congress**

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Stephen Cohen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : 39024453**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Huizenga For Congress**

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bill Huizenga**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39024454**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Martin T. Heinrich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39024455**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Patrick Meehan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39024456**

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**

Mailing Address 7905 Malcolm Road  
Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : 39024457**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : 39024458**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Denny Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : 39024459**

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Denny Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : 39024460**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Georgians for Isakson**

Mailing Address P.O. Box 71955

City Marietta State GA Zip Code 30007

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : 39024462**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address P.O. Box 71955

City Marietta State GA Zip Code 30007

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

**Transaction ID : 39024463**

Amount of Each Disbursement this Period

5000.00
---------

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

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

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address PO Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 39024464**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 39024465**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DREAMPAC**

Mailing Address 410 First St SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : 39024466**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Peters For Michigan**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

011

Category/Type

Candidate Name

**Sen. Gary Peters**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : 39024469

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens For Boyle**

Mailing Address 499 S. Capitol St. Sw Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

**Brendan Boyle**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : 39024470

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Category/Type

Candidate Name

**Rep. Edwin Perlmutter**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : 39024471

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Patrick Murphy For Congress**

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Patrick J. Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

**Transaction ID : 39024472**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gardner For Congress**

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Cory Gardner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**Transaction ID : 39050121**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Collins For Congress**

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Christopher Collins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

**Transaction ID : 39050124**

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Howe for Congress**

Mailing Address P.O. Box 172

City Red Wing State MN Zip Code 55066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Howe for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050125**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. First State PAC**

Mailing Address P.O. Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**First State PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050126**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Team Ryan**

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Team Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050127**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Heller Highwater PAC**

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Candidate Name

**Heller Highwater PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050129**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress**

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement

011

Candidate Name

**Rep. Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050130**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Canary Fund**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Canary Fund**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : 39050132**

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pioneer PAC**

Mailing Address 3323 N. Washington Blvd.

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement

011

Candidate Name

**Pioneer PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : 39050133**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement

011

Candidate Name

**Rep. Jason Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : 39050134**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David Scott For Congress**

Mailing Address P.O. Box 960821

City State Zip Code  
Riverdale GA 30296

Purpose of Disbursement  
Void - David Scott For Congress

011

Candidate Name

**Rep. David Albert Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : 39050139**

Amount of Each Disbursement this Period

-5000.00

Void - David Scott For Congress

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

-3000.00

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

109000.00