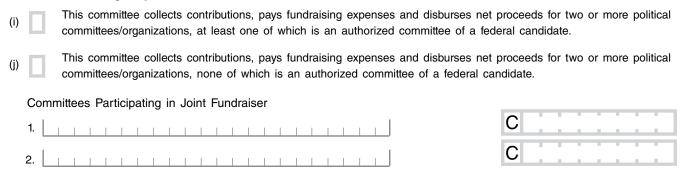
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Office Use Only
ADDRESS (number and street)  (Check if address is changed)	Surance Agents & Br			ttee
	CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF	RESS			
<ul><li>(Check if address is changed)</li></ul>	jwood@ciab.com			
	Optional Second E-Mail Add catherine.richardson@ciab.com	ress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 07	01 / Y Y Y Y 2024			
3. FEC IDENTIFICATION I	NUMBER ► C CO	0039578		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best of	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasu	rer <u>Wood, Joel, , ,</u>			
Signature of Treasurer Wo	ood, Joel, , ,		Date 07	/ D D / Y Y Y Y 01 2024
NOTE: Submission of false, erro	neous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th		e penalties of 52 U.S.C. §30109.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202407019652550001

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5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cal information below.)	ndidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:       (National, State or subordinate) committee of the       (Democratic, Republican, etc.         (d)       This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.         Political Action Committee (PAC):       (e)       This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)       Its connected organization	<u> </u>
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	Membership Organization Trade Association Cooperative	
	X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



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

6.	Name of Any Connected O	rganization, Affiliated Committee,	Joint	Fundr	aising	Repre	esentative, or	Leadership	> PAC Spon	sor
		Agents & Brokers								
	Mailing Address	701 Pennsylvania Ave., NW								
		Suite 750								
		Washington						20004-2608	<sup>8</sup> – L	
		CITY ▲					STATE 🔺	ZI	P CODE 🔺	
	Relationship: X Connected	Organization Affiliated Organizati	ion	Joir	nt Fund	raising	Representative	e Lea	adership PAC	Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Harrison-W	ickline, Ce, , ,
Full Name	
Mailing Address	701 Pennsylvania Ave., NW
	Suite 750
	Washington         DC         20004-2608
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number     202     -     662     -     4422

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Wood, Joel, , ,
of Treasurer	
Mailing Address	701 Pennsylvnia Ave., NW
	Suite 750
	Washington         DC         20004-2608
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number     202     783     4400

FEC Form 1 (Revised 02/2009)	FEC	Form <sup>•</sup>	1 (	(Revised	02/2009	)
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Full Name of Designated Agent	Richardson,	Catherine, , ,
Mailing Address		701 Pennsylvania Ave., NW
		Suite 750
		Washington         DC         20004-2608
		CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7	
Designated Agent	t 	Telephone number     202     -     783     -     4400

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	National Capital Bank of Washington		
Mailing Address	316 Pennsylvania Ave., SE		
	CITY A	STATE 🔺	ZIP CODE
Name of Bank, [	epository, etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE