

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

ADDRESS (number and street) 412 First Street SE
Suite 300
 Check if different than previously reported. (ACC)
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00022343
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 06 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer Robert A. Rusbuldt

Signature of Treasurer Electronically Filed by Robert A. Rusbuldt Date 09 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		171328.98
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	220426.14									
(c) Total Receipts (from Line 19)	78909.26	471499.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	299335.40	642828.74								
7. Total Disbursements (from Line 31)	133720.25	477213.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	165615.15	165615.15								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	47694.26	337069.26
(i) Itemized (use Schedule A)	31215.00	134380.50
(ii) Unitemized	78909.26	471449.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	78909.26	471449.76
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	50.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	78909.26	471499.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78909.26	471499.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131000.00	469000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1450.00	2250.00
(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))	1450.00	2250.00
29. Other Disbursements.....	1270.25	5963.59
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	133720.25	477213.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	133720.25	477213.59

DETAILED SUMMARY PAGE
of Disbursements

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)	78909.26	471449.76
34. Total Contribution Refunds (from Line 28(d))	1450.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77459.26	469199.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	50.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-50.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Thomas Cotton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2315 Curry Ford Rd		Transaction ID: 3920358
City Orlando	State FL	Zip Code 32806-2423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hugh Cotton Insurance Agency Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Jennie S. Cotton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2315 Curry Ford Rd		Transaction ID: 3920365
City Orlando	State FL	Zip Code 32806-2423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hugh Cotton Insurance Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Clarence Ronald Anderson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2302 N 9th Ave		Transaction ID: 3920498
City Pensacola	State FL	Zip Code 32503-3951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Underwood Anderson & Associates, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
J D Boyle

Mailing Address 509 W Main St

City Visalia State CA Zip Code 93291-6149

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

Name of Employer Buckman-Mitchell Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920622

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Clifford Dunbar

Mailing Address 509 W Main St

City Visalia State CA Zip Code 93291-6149

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

Name of Employer Buckman-Mitchell Inc. Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920625

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William E. Holman

Mailing Address 3655 N Point Pkwy

City Alpharetta State GA Zip Code 30005-2025

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

Name of Employer Holman and Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920635

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Terry L. Killingsworth		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address P O Box 738		Transaction ID: 3920636
City Griffin	State GA	Zip Code 30224-0019
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Snider-Killingsworth Insurance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Mathews		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address 108 N Court St		Transaction ID: 3920639
City Calhoun	State GA	Zip Code 30701-2230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Starr Mathews Agency, Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lynn W. Mathis		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address 2009 Montreal Rd		Transaction ID: 3920640
City Tucker	State GA	Zip Code 30084-5227
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Williams Turner & Mathis, Inc.	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Denise Tillman

Mailing Address 424 Broad St

City State Zip Code
Rome GA 30161-3008

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

Name of Employer
Tillman Insurance Agency, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920641

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
George Dahlinger

Mailing Address 1216 12th Ave South

City State Zip Code
Nampa ID 83651-4665

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

Name of Employer
Dahlinger & Co Insurance

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920644

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kenneth Koep

Mailing Address 703 E Lakeside Ave

City State Zip Code
Coeur D Alene ID 83814-4131

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

Name of Employer
Fred A. Harris Agency, Inc. dba Harris

Occupation
Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: 3920645

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William A. Snow		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 552 S Washington		Transaction ID: 3920646	
City Naperville	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer MIC Ins Brokerage	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Donald E. Beery		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 1340 Poydras St		Transaction ID: 3920647	
City New Orleans	State LA	Amount of Each Receipt this Period 500.00	
Zip Code 70112-1221			
FEC ID number of contributing federal political committee. C			
Name of Employer Eustis Insurance, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Bruce A. Chalmers		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 100 Main St		Transaction ID: 3920649	
City Bridgton	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04009-1127			
FEC ID number of contributing federal political committee. C			
Name of Employer Chalmers Insurance Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William W. Chalmers		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address P O Box 189		Transaction ID: 3920650
City Bridgton	State ME	Zip Code 04009-0189
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Chalmers Insurance Agency	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Richard P. Jones		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address 129 Dodge St		Transaction ID: 3920653
City Beverly	State MA	Zip Code 01915-1862
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Leslie S. Ray Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey C. Newsom		Date of Receipt MM / DD / YYYY 06 / 07 / 2007
Mailing Address 15 Market Square		Transaction ID: 3920656
City South Paris	State ME	Zip Code 04281-1511
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer W. J. Wheeler & Company, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Martha Leedle		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 2532 Old US Highway 23		Transaction ID: 3920657	
City State Zip Code Hartland MI 48353-0129	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hartland Insurance Agency, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. G. Stephen Beimdiek		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 1509 Main St		Transaction ID: 3920662	
City State Zip Code Joplin MO 64804-0751	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Beimdiek Insurance Agency, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Scott Lemon		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 806 Washington Avenue		Transaction ID: 3920668	
City State Zip Code Ocean Springs MS 39564-4638	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LMS, Inc. d/b/a Lemon Mohler Insurance	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Mark K. Mohler, Jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 806 Washington Avenue		Transaction ID: 3920670	
City State Zip Code Ocean Springs MS 39564-4638	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LMS, Inc. d/b/a Lemon Mohler Insurance	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Danny Moseley		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 720 SW 2nd St		Transaction ID: 3920671	
City State Zip Code Magee MS 39111-4063	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Associates of Magee, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Adrienne Powell		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007	
Mailing Address 4 Executive Park East NE Ste 200		Transaction ID: 3921169	
City State Zip Code Atlanta GA 30329-2212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Yates Insurance Agency	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Cynthia Hower		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007	
Mailing Address 101 W 4th St		Transaction ID: 3921174	
City State Zip Code Holton KS 66436-1769	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kellerman Insurance, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. David Keyes		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007	
Mailing Address 720 SW 2nd St		Transaction ID: 3921181	
City State Zip Code Magee MS 39111-4063	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Associates of Magee, Inc.	Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Monroe Pointer		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007	
Mailing Address 8705 Northwest Drive		Transaction ID: 3921182	
City State Zip Code Southaven MS 38671-2430	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pointer Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Matt Sewich Mailing Address 1186 South Highway 3 City Northfield State MN Zip Code 55057-3009 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007 Transaction ID: 3921186 Amount of Each Receipt this Period 250.00
Name of Employer Heartman Insurance Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Arthur A. Isakson, Jr Mailing Address 196 N Central Ave City Valley Stream State NY Zip Code 11580-3102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007 Transaction ID: 3921194 Amount of Each Receipt this Period 250.00
Name of Employer Arthur A. Isakson Jr. Db a Arthur A. Is Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) David Cyphers Mailing Address 214 S Main St City Clover State SC Zip Code 29710-1421 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007 Transaction ID: 3921202 Amount of Each Receipt this Period 250.00
Name of Employer Sifford Stine Insurance Agency, Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. James Galloway		Date of Receipt MM / DD / YYYY 06 / 13 / 2007
Mailing Address 466 Hood Center Dr		Transaction ID: 3921203
City State Zip Code Rock Hill SC 29731-6066	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Peoples First Insurance	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard Hutson		Date of Receipt MM / DD / YYYY 06 / 13 / 2007
Mailing Address 64 Broad St		Transaction ID: 3921204
City State Zip Code Charleston SC 29401-2901	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer W. M. Means Company Insurance	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Russell Parker		Date of Receipt MM / DD / YYYY 06 / 13 / 2007
Mailing Address 600 Seacoast Parkway		Transaction ID: 3921205
City State Zip Code Mt Pleasant SC 29464-8247	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Riley & Associates, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Richard L. Walker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 1416 W Evans St		Transaction ID: 3921206	
City Florence	State SC	Zip Code 29501-3326	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cornell Streett & Patters- on	Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Charles Webb, III		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 910 Carteret Street		Transaction ID: 3921207	
City Beaufort	State SC	Zip Code 29902-4604	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kinghorn Insurance Agency of Beaufort	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jeffery Scherschligt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 225 S Minnesota Ave		Transaction ID: 3921223	
City Sioux Falls	State SD	Zip Code 57104-6313	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Howalt-McDowell Insurance, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
 Daniel P. Maguire

Mailing Address 820 St. Joseph Street

City State Zip Code
 Rapid City SD 57701-2610

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

Name of Employer
 Black Hills Agency Incorporated

Occupation
 Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 7

Transaction ID: 3921226

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Kathy Maguire

Mailing Address P O Box 3330

City State Zip Code
 Rapid City SD 57709-3330

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

Name of Employer
 Black Hills Agency Incorporated

Occupation
 Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 7

Transaction ID: 3921227

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Michael Maguire

Mailing Address 820 St. Joseph Street

City State Zip Code
 Rapid City SD 57701-2610

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

Name of Employer
 Black Hills Agency Incorporated

Occupation
 Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 3 / 2 0 0 7

Transaction ID: 3921228

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 88		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Suzanne Fees

Mailing Address 820 St. Joseph Street

City State Zip Code
Rapid City SD 57701-2610

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

Name of Employer
Black Hills Agency Incorporated

Occupation
Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2007

Transaction ID: 3921229

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kelly Maguire

Mailing Address 820 St. Joseph Street

City State Zip Code
Rapid City SD 57701-2610

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

Name of Employer
Black Hills Agency Incorporated

Occupation
Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2007

Transaction ID: 3921230

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kevin Maguire

Mailing Address 820 St. Joseph Street

City State Zip Code
Rapid City SD 57701-2610

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

Name of Employer
Black Hills Agency Incorporated

Occupation
Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2007

Transaction ID: 3921231

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Robert Shrope

Mailing Address 375 S Grand Ave

City Pullman State WA Zip Code 99163-2841

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

Name of Employer Associated Independent Agencies Inc
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2007

Transaction ID: 3921239

Amount of Each Receipt this Period
250.00

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

Mailing Address 4017 W Hwy 70

City Durant State OK Zip Code 74701-4591

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

Name of Employer Jordan Insurance Group
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2007

Transaction ID: 3921243

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dan Troutt

Mailing Address 2104 First National Dr

City Harrison State AR Zip Code 72601-6234

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

Name of Employer United Insurance Agency, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2007

Transaction ID: 3923008

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Betsey L. Brewer		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 115 N El Molino Ave		Transaction ID: 3923009	
City Pasadena	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 91101-1804			
FEC ID number of contributing federal political committee. C			
Name of Employer The Rule Co Inc	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Charles C Ball		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 9500 S Dadeland Blvd		Transaction ID: 3923011	
City Miami	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33156-2818			
FEC ID number of contributing federal political committee. C			
Name of Employer InSource, Inc.	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Raymond Jones		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 4808 S US 1		Transaction ID: 3923013	
City Ft. Pierce	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 34982-7078			
FEC ID number of contributing federal political committee. C			
Name of Employer Weinstein, Jones & Associates	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Fitzhugh K. Powell Jr, Jr

Mailing Address P O Box 41490

City State Zip Code
Jacksonville FL 32203-1490

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

Name of Employer Cecil W Powell & Co
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 14 / 2007

Transaction ID: 3923015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul J. Verisario

Mailing Address 1401 E Oakton St

City State Zip Code
Des Plaines IL 60018-2171

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

Name of Employer All-Security Insurance Agency, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923050

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert W Umstead

Mailing Address 975 Three Mile Road NW

City State Zip Code
Grand Rapids MI 49544-1681

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

Name of Employer Steenland Insurance Agency Inc.
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923051

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Douglas S. Clift

Mailing Address 3537 S Kings Highway

City State Zip Code
Saint Louis MO 63139-1203

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

Name of Employer
Bowersox Insurance Agency Co.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923052

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Channing P. Handberg, Sr

Mailing Address 620 Mendelssohn Ave. N

City State Zip Code
Minneapolis MN 55427-4310

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

Name of Employer
Handberg Agency, Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923053

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Scott Palmer

Mailing Address 230 E Main St

City State Zip Code
Forest MS 39074-4156

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

Name of Employer
Palmer Insurance Agency, Inc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923056

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. J. Buckley Strandberg		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1000 Benvenue Rd		Transaction ID: 3923061	
City State Zip Code Rocky Mount NC 27804-1913	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Standard Insurance & Realty Corp.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Thomas C. Dawson		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 721 1st Avenue North		Transaction ID: 3923063	
City State Zip Code Fargo ND 58102-4903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dawson Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Larry McGillis		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 713 Parke Ave		Transaction ID: 3923064	
City State Zip Code Portland ND 58274-4003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mayport Insurance & Realty	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Robert L. Kysar

Mailing Address 300 West Arrington

City State Zip Code
Farmington NM 87401-8436

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

Name of Employer
Kysar Insurance Agency, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923065

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Marc Katz

Mailing Address 1 Blue Hill Plaza

City State Zip Code
Pearl River NY 10965-3104

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

Name of Employer
The Mechanic Group, Inc.

Occupation
Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923067

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Richard J. Vivacqua

Mailing Address 4510 Bailey Ave

City State Zip Code
Amherst NY 14226-2138

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

Name of Employer
Lawley-Vivacqua, LLC

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: 3923068

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. George D. Yates		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 78 Main Street		Transaction ID: 3923069	
City State Zip Code East Hampton NY 11937-2730		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer E. T. Dayton Inc. dba Dayton Ritz & Os		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Glenda K Blindert		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 620 S Nebraska		Transaction ID: 3923073	
City State Zip Code Salem SD 57058-0370		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Blindert Insurance Agency, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mike Reed		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 124 E Penny Rd		Transaction ID: 3923075	
City State Zip Code Wenatchee WA 98801-8115		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Mitchell Reed & Associates, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Tom Helbach

Mailing Address 306 Water St

City State Zip Code
Mosinee WI 54455-1458

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

Name of Employer Mosinee Insurance Agency, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 15 / 2007

Transaction ID: 3923076

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
William H. Pierz

Mailing Address 401 Merritt 7 Plaza Level

City State Zip Code
Norwalk CT 06851-1000

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

Name of Employer Shoff Darby Companies, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
06 / 15 / 2007

Transaction ID: 3923082

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Jackie Gould

Mailing Address One Century Centre
1750 E Golf Road

City State Zip Code
Schaumburg IL 60173-5835

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

Name of Employer Assurance Agency Ltd Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
06 / 15 / 2007

Transaction ID: 3923090

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Brian V. Konen Mailing Address 2111 Plum City Aurora State IL Zip Code 60506-3252 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 Transaction ID: 3923093 Amount of Each Receipt this Period 200.00
Name of Employer: Konen Insurance Agency Inc Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Thomas G. Mollenhauer Mailing Address 23 North Lincolnway City North Aurora State IL Zip Code 60542-1635 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 Transaction ID: 3923095 Amount of Each Receipt this Period 200.00
Name of Employer: Pinnacle Insurance Agency, Inc. Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00		

C. Full Name (Last, First, Middle Initial) Kenneth M. Samson Mailing Address 628 Academy Drive City Northbrook State IL Zip Code 60062-2421 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 Transaction ID: 3923100 Amount of Each Receipt this Period 200.00
Name of Employer: Dasco Insurance Agency, Inc. Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Gerald E Ludwig, Jr

Mailing Address 300 S Orange Ave

City State Zip Code
Sarasota FL 34236-6804

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

Name of Employer Ludwig-Walpole Company, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2007

Transaction ID: 3923462

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rick K Viall

Mailing Address 1971 Highway 54, West Suite 201

City State Zip Code
Fayetteville GA 30214-4747

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

Name of Employer Viall Insurance Agency Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2007

Transaction ID: 3923466

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Roy Vreeland

Mailing Address P O Box 7743040

City State Zip Code
Riverdale GA 30274

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

Name of Employer Reese Insurance Associates, Inc. Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2007

Transaction ID: 3923467

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Kay Wimberly

Mailing Address 1100 Brampton Ave

City Statesboro State GA Zip Code 30458-0870

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

Name of Employer Blount, Burke, Wimberly & Hendricks Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	0	7

Transaction ID: 3923468

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Clarence Hoffman

Mailing Address 509 Main Street

City Mapleton State IA Zip Code 51034-1214

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

Name of Employer Hoffman Agency - Mapleton Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	0	7

Transaction ID: 3923470

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Joe R. Barnes

Mailing Address 1353 W Main St

City Lexington State KY Zip Code 40508-2047

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

Name of Employer Bush & Boggs Insurance Agency Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	0	7

Transaction ID: 3923474

Amount of Each Receipt this Period

500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Larry Magill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 815 SW Topeka Blvd		Transaction ID: 3923476
City State Zip Code Topeka KS 66612-1672	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Agency Services Corp. of Kansas	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SueAnn V. Schultz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 1251 SW Arrowhead Rd		Transaction ID: 3923477
City State Zip Code Topeka KS 66604-4061	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer IMA of Kansas, Inc.	Occupation Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David A. Treutel, Jr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 401A Hwy 90		Transaction ID: 3923482
City State Zip Code Bay Saint Louis MS 39520-2822	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Treutel Insurance Agency Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. R Andrew Bell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 1730 N Limestone St		Transaction ID: 3923489	
City Springfield	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45503-2650			
FEC ID number of contributing federal political committee. C			
Name of Employer Consolidated Insurance Agency, Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Fenner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 1500 Lake Shore Dr		Transaction ID: 3923492	
City Columbus	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 43204-3800			
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas-Fenner-Woods Agency, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dennis G. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 1120 Madison Ave		Transaction ID: 3923493	
City Toledo	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 43604-7538			
FEC ID number of contributing federal political committee. C			
Name of Employer Brooks Insurance Agency, Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Edwin L. Overmyer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 2245 North Bank Dr		Transaction ID: 3923494	
City State Zip Code Columbus OH 43220-5422	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hilb Rogal & Hobbs of Ohio	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dale Heesch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 209 St Olaf Ave		Transaction ID: 3923501	
City State Zip Code Baltic SD 57003-0271	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dakota Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Doug S. Favre		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 20 S King St		Transaction ID: 3923502	
City State Zip Code Hampton VA 23669-4042	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lackey Saunders Co. Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Francis E. Provencher Mailing Address 530 Rogers Street City State Zip Code Lowell MA 01852-3827 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7 Transaction ID: 3923508 Amount of Each Receipt this Period 500.00
Name of Employer Francis E Provencher Insurance Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Brian Blount Mailing Address 415 N 2nd St City State Zip Code Yakima WA 98901-2379 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7 Transaction ID: 3923513 Amount of Each Receipt this Period 250.00
Name of Employer Argus Insurance, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Robb Dale Mailing Address 110 Unity St City State Zip Code Bellingham WA 98225-4418 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7 Transaction ID: 4028833 Amount of Each Receipt this Period 250.00
Name of Employer The Unity Group Insurance & Financial Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Bart Gunter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 1117 Thomasville Rd		Transaction ID: 4028894	
City State Zip Code Tallahassee FL 32303-6223	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rogers, Gunter, Vaughn Insurance, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Lawrence Harvey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 105 CR 315 South		Transaction ID: 4028896	
City State Zip Code Interlachen FL 32148	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvey Insurance Agency, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. William F Kleis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 9500 S Dadeland Blvd		Transaction ID: 4028898	
City State Zip Code Miami FL 33156-2818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer InSource, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Davor Mimica		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 9500 S Dadeland Blvd		Transaction ID: 4028900	
City State Zip Code Miami FL 33156-2818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer InSource, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Bill Parker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 9500 S Dadeland Blvd		Transaction ID: 4028901	
City State Zip Code Miami FL 33156-2818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer InSource, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Wayne Savage		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 201 Alhambra Circle		Transaction ID: 4028902	
City State Zip Code Coral Gables FL 33134-5107	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer USI Insurance Services of Florida, Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Charles Vodicka

Mailing Address 9500 S Dadeland Blvd

City Miami State FL Zip Code 33156-2818

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

Name of Employer InSource, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028906

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Jody R. Glass

Mailing Address 11 Liberty St

City Blakely State GA Zip Code 39823-2257

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

Name of Employer Southern Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028909

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Kevin Jackson

Mailing Address 2009 Montreal Rd

City Tucker State GA Zip Code 30084-5227

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

Name of Employer Williams Turner & Mathis, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028910

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Christian D Leslie

Mailing Address 286 York St

City York State ME Zip Code 03909-1006

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

Name of Employer Bragdon Insurance, Inc. Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 26 / 2007

Transaction ID: 4028919

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Strande

Mailing Address 5241 Viking Dr

City Minneapolis State MN Zip Code 55435-5313

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

Name of Employer Advance Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 26 / 2007

Transaction ID: 4028921

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joe Klutz

Mailing Address 1121 Pee Dee Avenue

City Albemarle State NC Zip Code 28001-5103

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

Name of Employer Albemarle Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 26 / 2007

Transaction ID: 4028932

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Jimmy L. McElreath

Mailing Address 409 Johnson St

City Aberdeen State NC Zip Code 28315-2324

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

Name of Employer First Pioneer Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028933

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Clarence E. Haley

Mailing Address 2116 Market Ln

City Norfolk State NE Zip Code 68701-4638

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

Name of Employer Town & Country Agency, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028936

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Fred Brennan

Mailing Address 215 3rd St SW

City Albuquerque State NM Zip Code 87102-3311

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

Name of Employer Berger Briggs Real Estate & Insurance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028937

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 88
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Wayne Gosnell

Mailing Address 925-F Wappoo Rd

City Charleston State SC Zip Code 29407-5969

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

Name of Employer Gosnell Insurance & Associates
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028945

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kenneth C. Miller

Mailing Address 1538 E 3300 S

City Salt Lake City State UT Zip Code 84106-3311

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

Name of Employer Insur-America, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028948

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard Higginbotham

Mailing Address 1566 Kanawha Blvd E

City Charleston State WV Zip Code 25311-2413

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

Name of Employer George H. Friedlander Company
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 4028954

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
William H. Pierz

Mailing Address 401 Merritt 7 Plaza Level

City State Zip Code
Norwalk CT 06851-1000

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

Name of Employer Shoff Darby Companies, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: 4028961

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Cynthia W. Fletcher

Mailing Address 2433 Gulf to Bay Blvd

City State Zip Code
Clearwater FL 33765-4323

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

Name of Employer Alley Rehbaum & Capes Assurance, Inc.
Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: 4028963

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gregory V. Tapley

Mailing Address 544 Mulberry St

City State Zip Code
Macon GA 31201-8250

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

Name of Employer Tapley & Associates Insurance
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: 4028964

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William Weston, IV		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 245 Davis Rd		Transaction ID: 4028965	
City State Zip Code Augusta GA 30907-2407	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blanchard & Calhoun Insurance Agency	Occupation Vice President/Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. John P. Badgley		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 210 E Grand Crossing		Transaction ID: 4028977	
City State Zip Code Mobridge SD 57601-2231	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Key Insurance, Inc.	Occupation CIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. T. Gray McCaskill		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 3625 N Elm St		Transaction ID: 4028986	
City State Zip Code Greensboro NC 27455-2604	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Senn, Dunn, Marsh & Roland, LLC	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Van Wyck Webb, Jr

Mailing Address 1633 Glenwood Ave

City Raleigh State NC Zip Code 27608-2319

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

Name of Employer Dupree & Webb, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 4028993

Amount of Each Receipt this Period

168.00

B. Full Name (Last, First, Middle Initial)
Robert D. Hess

Mailing Address 95 Mt Bethel Road

City Warren State NJ Zip Code 07059-5168

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

Name of Employer Hess Group, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 4028995

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Terry A. Jarcik

Mailing Address PO Box 5419

City Incline Village State NV Zip Code 89450-5419

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

Name of Employer Cal Nevada Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 4028996

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)	▶	918.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Edward Schultz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 24 S Broadway		Transaction ID: 4028998	
City State Zip Code Tarrytown NY 10591-4002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Allan M Block Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Larry B. McCord		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 9200 Montgomery Rd		Transaction ID: 4029000	
City State Zip Code Cincinnati OH 45242-7789	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McCord Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. William O. Somers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 42815 N Ridge Rd		Transaction ID: 4029001	
City State Zip Code Elyria OH 44035-1053	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Somers Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Brad V. Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 4564 Warden Road		Transaction ID: 4029002	
City Memphis	State TN	Amount of Each Receipt this Period 500.00	
Zip Code 38122-4120		FEC ID number of contributing federal political committee. C	
Name of Employer Smith-Berclair Insurance, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Neil T. Annas		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 91 N Main St		Transaction ID: 4029012	
City Granite Falls	State NC	Amount of Each Receipt this Period 10.00	
Zip Code 28630-1434		FEC ID number of contributing federal political committee. C	
Name of Employer Granite Insurance Agency, Inc.	Occupation President	Aggregate Year-to-Date ▼ 1035.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Bird		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 101 Weston Oaks Ct		Transaction ID: 4029013	
City Cary	State NC	Amount of Each Receipt this Period 10.00	
Zip Code 27513-2256		FEC ID number of contributing federal political committee. C	
Name of Employer Independent Insurance Agents of North	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	520.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Donald C. Evans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 4625 Main St		Transaction ID: 4029032	
City State Zip Code Shallotte NC 28470-4453		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Coastal Insurance Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2533.00	

B. Full Name (Last, First, Middle Initial) James E. Harrill		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 221 W 11th St		Transaction ID: 4029037	
City State Zip Code Charlotte NC 28202-1715		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Martin & Harrill, Inc. President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) Dennis Houck		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 307 Wilton Ave		Transaction ID: 4029041	
City State Zip Code West Jefferson NC 28694-8808		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Dennis Houck, LLC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Kathy D. Lance

Mailing Address 143 N Main St

City State Zip Code
Waynesville NC 28786-3809

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

Name of Employer The L. N. Davis Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 4029045

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Gary L. Lance

Mailing Address 143 N Main St

City State Zip Code
Waynesville NC 28786-3809

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

Name of Employer The L. N. Davis Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 4029046

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Kenneth L Richardson

Mailing Address 3625 N Elm St

City State Zip Code
Greensboro NC 27455-2604

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

Name of Employer Senn, Dunn, Marsh & Roland, LLC Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2007

Transaction ID: 4029059

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. James Robinson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 513 Pollock Street		Transaction ID: 4029061	
City State Zip Code New Bern NC 28562-5611		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Robinson & Stith Insurance		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. Milton Tedder		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 11148		Transaction ID: 4029077	
City State Zip Code Charlotte NC 28220-1148		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer BB&T - McPhail Bray Insurance		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Dean Wooten		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 827		Transaction ID: 4029086	
City State Zip Code Statesville NC 28687-0827		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wooten Insurance Center		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. James Bost		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 889		Transaction ID: 4029088	
City Charleston	State SC	Amount of Each Receipt this Period 350.00	
Zip Code 29402-0889		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Johnson & Johnson Inc.	Occupation Insurance Agent	Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	Amount of Each Receipt this Period 350.00	

Full Name (Last, First, Middle Initial) B. Cole Tidwell Jr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 154 Broadway		Transaction ID: 4029124	
City Macon	State GA	Amount of Each Receipt this Period 550.00	
Zip Code 31201-0505		Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00	
Name of Employer Tidwell & Hilburn Insurance	Occupation Vice President	Amount of Each Receipt this Period 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 550.00	

Full Name (Last, First, Middle Initial) C. Belinda Brenizer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 103 North First Street		Transaction ID: 4029127	
City Edina	State MO	Amount of Each Receipt this Period 250.00	
Zip Code 63537-1125		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Hawkins Insurance Group	Occupation Insurance Agent	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	1150.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. John V. Stype		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 711 Union Ave		Transaction ID: 4029135
City State Zip Code Aquebogue NY 11931-2340	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Neefus-Stype Agency, Inc.	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Alan Cottle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 415 N 2nd St		Transaction ID: 4029136
City State Zip Code Yakima WA 98901-2379	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Argus Insurance, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kim W. Impecoven		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 200 North Argonne Road		Transaction ID: 4029137
City State Zip Code Spokane Valley WA 99212-2852	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Spokane Insurance Agency, Inc. dba Bla	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Allen Karch		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2500 Village Green Place		Transaction ID: 4029140
City Champaign	State IL	Amount of Each Receipt this Period 200.00
Zip Code 61822-7675	FEC ID number of contributing federal political committee. C	
Name of Employer Snyder Insurance Agency	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Brian V. Konen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2111 Plum		Transaction ID: 4029141
City Aurora	State IL	Amount of Each Receipt this Period 700.00
Zip Code 60506-3252	FEC ID number of contributing federal political committee. C	
Name of Employer Konen Insurance Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Kenneth M. Samson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 628 Academy Drive		Transaction ID: 4029142
City Northbrook	State IL	Amount of Each Receipt this Period 200.00
Zip Code 60062-2421	FEC ID number of contributing federal political committee. C	
Name of Employer Dasco Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William Ryan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 125 W Main St		Transaction ID: 4029143	
City Maroa	State IL	Zip Code 61756-0649	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stoutenborough Insurance Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. Rick Sutton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 7320 N Villa Lake Dr		Transaction ID: 4029144	
City Peoria	State IL	Zip Code 61614-8210	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Interstate Risk Placement Inc	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Dino C. Gavanis		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 127 N Walnut Ave		Transaction ID: 4029145	
City Itasca	State IL	Zip Code 60143-1729	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Premier Risk Services, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Philip M. Beard		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 102 N 9th St		Transaction ID: 4029146	
City State Zip Code Mount Vernon IL 62864-4002	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brooke Insurance dba The Insurance Sto	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

B. Full Name (Last, First, Middle Initial) CWilliam Schmidt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address PO Box 463		Transaction ID: 4029147	
City State Zip Code Edwardsville IL 62025-0463	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Illinois Underwr- iters Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Peter M. Casper		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address P O Box 13020		Transaction ID: 4029148	
City State Zip Code Springfield IL 62791-3020	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wells Fargo Insurance Ser- vices	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William J. Hooker		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 206 E Mazon Ave		Transaction ID: 4029149
City Dwight	State IL	Zip Code 60420-1136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer William J Hooker Agency, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Todd Davis		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 1105 N North St		Transaction ID: 4029150
City Peoria	State IL	Zip Code 61606-1918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Davis Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Gregory Sandrock		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 107 S Main Street		Transaction ID: 4029151
City Tampico	State IL	Zip Code 61283-7766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cornerstone Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 88
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Mike Wojcik		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 10320 Orland Pkwy		Transaction ID: 4029152	
City State Zip Code Orland Park IL 60467-5627	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Horton Group, Inc	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Charles J. Stewart		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 3438 N Southport		Transaction ID: 4029153	
City State Zip Code Chicago IL 60657-1420	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lakeview Insurance Agency, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Thomas G. Mollenhauer		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 23 North Lincolnway		Transaction ID: 4029154	
City State Zip Code North Aurora IL 60542-1635	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pinnacle Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Michael Linderman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 517 N Wolf Rd		Transaction ID: 4029155	
City Wheeling	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60090-3027			
FEC ID number of contributing federal political committee. C			
Name of Employer The Insurance Center	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. Jackie Gould		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address One Century Centre 1750 E Golf Road		Transaction ID: 4029156	
City Schaumburg	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60173-5835			
FEC ID number of contributing federal political committee. C			
Name of Employer Assurance Agency Ltd	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Todd C. Henricks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 103 S Jackson St		Transaction ID: 4029157	
City Cerro Gordo	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 61818-0110			
FEC ID number of contributing federal political committee. C			
Name of Employer Chapman-Henricks Ins Agcy Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Dan A. Sergi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 225 Smith Rd		Transaction ID: 4029158	
City State Zip Code St Charles IL 60174-5208	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wine Sergi & Co LLC	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

B. Full Name (Last, First, Middle Initial) Michael L. Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 852 W Bartlett Rd		Transaction ID: 4029159	
City State Zip Code Bartlett IL 60103-4494	Amount of Each Receipt this Period 531.26		
FEC ID number of contributing federal political committee. C			
Name of Employer Sullivan & Associates - Insurance & Ri	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 981.26		

C. Full Name (Last, First, Middle Initial) William A. Snow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 552 S Washington		Transaction ID: 4029160	
City State Zip Code Naperville IL 60540-6658	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MIC Ins Brokerage	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	931.26
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Luke F. Praxmarer

Mailing Address 25 Northwest Point Blvd

City State Zip Code
Elk Grove Village IL 60007-1056

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

Name of Employer
Corkill Insurance Agency Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 4029161

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Bryce M. Carey

Mailing Address 153 E Lincoln Ave

City State Zip Code
Hinckley IL 60520-9220

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

Name of Employer
BMC Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 4029162

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
James W. Ander

Mailing Address 361 S Frontage Rd

City State Zip Code
Burr Ridge IL 60527-5804

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

Name of Employer
Stewart-Keator-Kessberger & Lederer, I

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 4029163

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 88
	<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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Chris Ballard		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 11671 SE 1st St		Transaction ID: 4029166	
City Bellevue	State WA	Zip Code 98005-3759	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Ballard Agency, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Douglas N. Whitworth		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 415 S 17 St		Transaction ID: 4032211	
City Mattoon	State IL	Zip Code 61938-5201	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gardner-Whitworth Insurance Agency, In		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Joe R. Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 1353 W Main St		Transaction ID: 4160939	
City Lexington	State KY	Zip Code 40508-2047	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bush & Boggs Insurance Agency		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 88
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Michael W. Johnson

Mailing Address 302 Main St

City State Zip Code
Mapleton MN 56065

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

Name of Employer Occupation
M & M Insurance Agency of Agency Owner
Mapleton Inc

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

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 4160940

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$25-0.00

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

Mailing Address 2104 First National Dr

City State Zip Code
Harrison AR 72601-6234

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

Name of Employer Occupation
United Insurance Agency, Insurance Agent
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 4160941

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$600.00 This changes the YTD Total to \$60-0.00

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	47694.26

**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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) 13th Colony Leadership Cmte</p>		<p>Transaction ID: 4032147 Date of Disbursement</p>	
<p>Mailing Address PO Box 114</p>		<p><input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Savannah</p>	<p>State GA</p>	<p>Zip Code 31402-0114</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="2500.00"/></p>
<p>Candidate Name</p>		<p>Disbursement For:</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>State: District:</p>		

<p>B. Full Name (Last, First, Middle Initial) Bachmann For Congress</p>		<p>Transaction ID: 4032189 Date of Disbursement</p>	
<p>Mailing Address Box 49756</p>		<p><input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Blaine</p>	<p>State MN</p>	<p>Zip Code 55449</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Rep. Michele Bachmann</p>		<p>Disbursement For: 2008</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: MN District: 6</p>	<p>State: District:</p>		

<p>C. Full Name (Last, First, Middle Initial) Barrett for Congress Cmte</p>		<p>Transaction ID: 4032167 Date of Disbursement</p>	
<p>Mailing Address 700 12th Street, NW Ste 700</p>		<p><input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Gresham Barrett</p>		<p>Disbursement For: 2008</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: SC District: 3</p>	<p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Battle Born PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 514 G Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 4032145</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011 Category/ Type</p>

<p>B. Bennett Election Committee</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 175 South West Temple Ste 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement</p> <p>Candidate Name Bob Bennett</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 0</p>		<p>Transaction ID: 4032159</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011 Category/ Type</p>

<p>C. Marion Berry For Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 1</p>		<p>Transaction ID: 4032177</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Judy Biggert For Congress		Transaction ID: 4032186 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 1465 Stoddard Ave		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187-3708		
Purpose of Disbursement	011 Category/Type	
Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13		

Full Name (Last, First, Middle Initial) B. BRIDGE PAC		Transaction ID: 4032148 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 499 S. Capitol Street, SW Ste 412		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement	011 Category/Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Ginny Brown-Waite		Transaction ID: 4032169 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 2501 Wisconsin Avenue #304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007		
Purpose of Disbursement	011 Category/Type	
Candidate Name Ginny Brown-Waite Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 5		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Richard Burr Committee</p> <p>Mailing Address P.O. Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Richard Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032163 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Burton For Congress Cmte.</p> <p>Mailing Address P.O. Box 50593</p> <p>City Indianapolis State IN Zip Code 46250</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Dan Burton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 5</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032190 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Campbell for Congress</p> <p>Mailing Address PO Box 1605</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032180 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Shelley Moore Capito For Congress		Transaction ID: 4032156 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 2000.00
City Charleston	State WV	
Zip Code 25339-1519		
Purpose of Disbursement		
Candidate Name Shelley Capito		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 2		

Full Name (Last, First, Middle Initial) B. Capuano for Congress Cmte.		Transaction ID: 4032168 Date of Disbursement 06 / 21 / 2007
Mailing Address 38 Ivy Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement		
Candidate Name Mike Capuano		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 8		

Full Name (Last, First, Middle Initial) C. Cole PAC		Transaction ID: 4032157 Date of Disbursement 06 / 21 / 2007
Mailing Address 12176 Chancery Station Cir		Amount of Each Disbursement this Period 1000.00
City Reston	State VA	
Zip Code 20190-5803		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Cole for Congress		Transaction ID: 4032199 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 722256		Amount of Each Disbursement this Period 2000.00
City Norman State OK Zip Code 73070-8705	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Tom Cole		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Coleman for Senate '08		Transaction ID: 4032158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 7300 Hudson Blvd Ste 270A		Amount of Each Disbursement this Period 5000.00
City Saint Paul State MN Zip Code 55128	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Norm Coleman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 0	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Conaway for Congress		Transaction ID: 4032192 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 1605		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22313-1605	011 Category/ Type	
Purpose of Disbursement		
Candidate Name K Michael Conaway		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Texans for Senator Cornyn		Transaction ID: 4032207 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 13026		Amount of Each Disbursement this Period 4000.00
City Austin State TX Zip Code 78711	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Cornyn		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Defend America PAC		Transaction ID: 4032150 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 228 S Washington St Ste B20		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314-5402	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democrats Win Seats PAC		Transaction ID: 4032151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 71147		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20024-1147	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Democrats Win Seats PAC		Transaction ID: 4032208 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 71147		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20024-1147	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dreier for Congress		Transaction ID: 4032170 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785-0505	011 Category/ Type	
Purpose of Disbursement		
Candidate Name David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TEAM Emerson for Jo Ann Emerson		Transaction ID: 4032174 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 822		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau State MO Zip Code 63702	011 Category/ Type	
Purpose of Disbursement		
Candidate Name JoAnn Emerson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Enzi for Senate</p> <p>Full Name (Last, First, Middle Initial) Enzi for Senate</p> <p>Mailing Address PO Box 2775</p> <p>City Cody State WY Zip Code 82414-2775</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mike Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 0</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032196</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>B. ERIC PAC</p> <p>Full Name (Last, First, Middle Initial) ERIC PAC</p> <p>Mailing Address 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032153</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
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<p>C. Tom Feeny for Congress</p> <p>Full Name (Last, First, Middle Initial) Tom Feeny for Congress</p> <p>Mailing Address 610 South Blvd Ste 100</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Tom Feeny</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032161</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Foxx for Congress		Transaction ID: 4019278 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 1000.00
City Clemmons State NC Zip Code 27012-1100	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Virginia Foxx		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Barney Frank for Congress		Transaction ID: 4032175 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4006	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Barney Frank		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Freedom Fund		Transaction ID: 4032200 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 128 North Columbus Street		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Garrett for Congress		Transaction ID: 4032179 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	Purpose of Disbursement 011 Category/Type	
Candidate Name Scott Garrett	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Gerlach for Congress Cmte		Transaction ID: 4032172 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 2000.00
City Downingtown State PA Zip Code 19335-1689	Purpose of Disbursement 011 Category/Type	
Candidate Name Jim Gerlach	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Friends of Jeb Hensarling		Transaction ID: 4032165 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75382-0504	Purpose of Disbursement 011 Category/Type	
Candidate Name Jeb Hensarling	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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(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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Friends of Jeb Hensarling		Transaction ID: 4032201 Date of Disbursement 06 / 27 / 2007	
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 1000.00	
City Dallas State TX Zip Code 75382-0504	Purpose of Disbursement 011 Category/ Type	Candidate Name Jeb Hensarling	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hoosiers for Hill		Transaction ID: 4032185 Date of Disbursement 06 / 21 / 2007	
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 1000.00	
City Seymour State IN Zip Code 47274	Purpose of Disbursement 011 Category/ Type	Candidate Name Baron Hill	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paul Hodes For Congress		Transaction ID: 4032178 Date of Disbursement 06 / 21 / 2007	
Mailing Address 26 South Main Street, #253		Amount of Each Disbursement this Period 1000.00	
City Concord State NH Zip Code 03301	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Paul Hodes	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Friends of Congressman Holden		Transaction ID: 4032194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 729 15th St NW Fl 3		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005-2105		
Purpose of Disbursement Candidate Name Tim Holden Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	011 Category/ Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. House Conservatives Fund		Transaction ID: 4032143 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 2752		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20013		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steny Hoyer for Congress		Transaction ID: 4032183 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 7905 Malcolm Rd Ste 102		Amount of Each Disbursement this Period 1000.00
City Clinton State MD Zip Code 20735-1701		
Purpose of Disbursement Candidate Name Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	011 Category/ Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Impact America</p> <p>Full Name (Last, First, Middle Initial) Impact America</p> <p>Mailing Address 228 South Washington Street, Ste 1</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: 4032155</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
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<p>B. Pete King for Congress Cmte.</p> <p>Full Name (Last, First, Middle Initial) Pete King</p> <p>Mailing Address PO Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Pete King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 3</p>		<p>Transaction ID: 4032204</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>C. LaTourette for Congress</p> <p>Full Name (Last, First, Middle Initial) Steve LaTourette</p> <p>Mailing Address 217 3rd St SE</p> <p>City Washington State DC Zip Code 20003-1904</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Steve LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 14</p>		<p>Transaction ID: 4032166</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Loebsack For Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032184 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Melancon for Congress</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390-0549</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Charlie Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032162 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) MintPAC</p> <p>Mailing Address 682 4th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4032142 Date of Disbursement: 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>3500.00</p>
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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)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. More Conservatives PAC		Transaction ID: 4032152 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 675 N Washington St Ste 410		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22314-1939	011 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. New Democrat Coalition PAC		Transaction ID: 4032146 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 607 14th St NW Ste 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005-2005	011 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Steve Pearce for Congress		Transaction ID: 4032164 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 2696		Amount of Each Disbursement this Period 1000.00
City Hobbs State NM Zip Code 88241	011 Category/ Type	
Purpose of Disbursement Candidate Name Steve Pearce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 2		

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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Perlmutter For Congress		Transaction ID: 4032193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Edwin Perlmutter		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7		

Full Name (Last, First, Middle Initial) B. PETEPAC		Transaction ID: 3922508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1775 Eye Street, NW Ste 700		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Void - PETEPAC 011 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Void - PETEPAC	

Full Name (Last, First, Middle Initial) C. PETEPAC		Transaction ID: 3922670 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1775 Eye Street, NW Ste 700		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement 011 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Earl Pomeroy for Congress		Transaction ID: 4032191 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20013-0214	Purpose of Disbursement 011 Category/Type	
Candidate Name Earl Pomeroy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Tom Price for Congress		Transaction ID: 4032171 Date of Disbursement 06 / 21 / 2007
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	Purpose of Disbursement 011 Category/Type	
Candidate Name Tom Price	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Pryce Project		Transaction ID: 4032149 Date of Disbursement 06 / 21 / 2007
Mailing Address 217 3rd St SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-1904	Purpose of Disbursement 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: 4032206 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 145 E Rich St		Amount of Each Disbursement this Period 500.00
City Columbus	State OH	
Zip Code 43215-5240		
Purpose of Disbursement		
Candidate Name Deborah Pryce		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15		

Full Name (Last, First, Middle Initial) B. ROC PAC		Transaction ID: 4032154 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 236 Massachusetts Ave NE Ste 602		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Roskam for Congress		Transaction ID: 4032173 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 713		Amount of Each Disbursement this Period 1000.00
City Wheaton	State IL	
Zip Code 60189-0713		
Purpose of Disbursement		
Candidate Name Peter Roskam		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 6		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress</p>		<p>Transaction ID: 4032176 Date of Disbursement</p>	
<p>Mailing Address PO Box 360</p>		<p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p>	
<p>City Prescott</p>	<p>State AR</p>	<p>Zip Code 71857-0360</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="2500.00"/></p>
<p>Candidate Name Mike Ross</p>		<p>Disbursement For: 2008</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: AR District: 4</p>			

<p>B. Full Name (Last, First, Middle Initial) Friends of Jim Saxton</p>		<p>Transaction ID: 4032181 Date of Disbursement</p>	
<p>Mailing Address P.O. Box 795</p>		<p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p>	
<p>City Mount Holly</p>	<p>State NJ</p>	<p>Zip Code 08060-9943</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name H James Saxton</p>		<p>Disbursement For: 2008</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NJ District: 3</p>			

<p>C. Full Name (Last, First, Middle Initial) Serrano For Congress</p>		<p>Transaction ID: 4032203 Date of Disbursement</p>	
<p>Mailing Address 275 Madison Avenue</p>		<p><input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2007"/></p>	
<p>City New York</p>	<p>State NY</p>	<p>Zip Code 10016</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Rep. Jose Serrano</p>		<p>Disbursement For: 2008</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NY District: 16</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238-0585

Purpose of Disbursement

011
Category/
Type

Candidate Name
Pete Sessions

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District: 32

Transaction ID: 4032160

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shays for Congress

Mailing Address 98 East Avenue, Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

011
Category/
Type

Candidate Name
Chris Shays

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CT District: 4

Transaction ID: 4032187

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sherman For Congress

Mailing Address 4570 Van Nuys Blvd # 270

City Sherman Oaks State CA Zip Code 91403-2913

Purpose of Disbursement

011
Category/
Type

Candidate Name
Brad Sherman

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 27

Transaction ID: 4032198

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Albio Sires for Congress</p> <p>Full Name (Last, First, Middle Initial) Albio Sires</p> <p>Mailing Address PO Box 300</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement</p> <p>Candidate Name Albio Sires</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13</p>		<p>Transaction ID: 4032188</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p>B. Texans for Lamar Smith</p> <p>Full Name (Last, First, Middle Initial) Lamar Smith</p> <p>Mailing Address 5701 Broadway Suite 104</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement</p> <p>Candidate Name Lamar Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21</p>		<p>Transaction ID: 4032197</p> <p>Date of Disbursement 06 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p>C. Friends of John Tanner</p> <p>Full Name (Last, First, Middle Initial) John Tanner</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 508</p> <p>City Washington State DC Zip Code 20002-4980</p> <p>Purpose of Disbursement</p> <p>Candidate Name John Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8</p>		<p>Transaction ID: 4032205</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 88

<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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Mike Thompson for Congress		Transaction ID: 4032202 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 236 Massachusetts Ave NE Ste 508		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002-4980	Purpose of Disbursement 011 Category/Type	Candidate Name C Michael Thompson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TOMPAC		Transaction ID: 4032144 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address PO Box 16488		Amount of Each Disbursement this Period 5000.00	
City Arlington State VA Zip Code 22215	Purpose of Disbursement 011 Category/Type	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cmte to re-elect Nydia Velazquez		Transaction ID: 4032195 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1500.00	
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement 011 Category/Type	Candidate Name Nydia Velazquez	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 / 88

<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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Robert Wexler for Congress Cmte.

Mailing Address 2500 N Military Trl Ste 288

City Boca Raton State FL Zip Code 33431-6322

Purpose of Disbursement

Candidate Name
Robert Wexler

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 4032182

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

131000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Joe R. Barnes		Transaction ID: 4029171 Date of Disbursement 06 / 27 / 2007
Mailing Address 1353 W Main St		Amount of Each Disbursement this Period 500.00
City Lexington State KY Zip Code 40508-2047	010 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Michael W. Johnson		Transaction ID: 4023090 Date of Disbursement 06 / 21 / 2007
Mailing Address 302 Main St		Amount of Each Disbursement this Period 250.00
City Mapleton State MN Zip Code 56065	010 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Dan Troutt		Transaction ID: 4023089 Date of Disbursement 06 / 21 / 2007
Mailing Address 2104 First National Dr		Amount of Each Disbursement this Period 600.00
City Harrison State AR Zip Code 72601-6234	010 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	1350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Fifth Third Processing Solutions</p> <p>Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4054813 Date of Disbursement 06 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p>
<p>B. Fifth Third Processing Solutions</p> <p>Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4054818 Date of Disbursement 06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 661.50</p> <p>001 Category/ Type</p> <p>Credit Card Processing Fees</p>
<p>C. Fifth Third Processing Solutions</p> <p>Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4054819 Date of Disbursement 06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 132.95</p> <p>001 Category/ Type</p> <p>Credit Card Processing Charge</p>

SUBTOTAL of Disbursements This Page (optional) ▶

798.95

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Fifth Third Processing Solutions Full Name (Last, First, Middle Initial) Mailing Address 38 Fountain Square Plaza City Cincinnati State OH Zip Code 45263 Purpose of Disbursement Credit Card Processing Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4054820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 310.55 Credit Card Processing Charge
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B. Fifth Third Processing Solutions Full Name (Last, First, Middle Initial) Mailing Address 38 Fountain Square Plaza City Cincinnati State OH Zip Code 45263 Purpose of Disbursement Credit Card Processing Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4054821 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 5.85 Credit Card Processing Charge
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C. Paypal Inc. Full Name (Last, First, Middle Initial) Mailing Address 1840 Embarcadero Rd City Palo Alto State CA Zip Code 94303 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 4054814 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 89.90
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SUBTOTAL of Disbursements This Page (optional)	406.30
TOTAL This Period (last page this line number only)	1205.25

Image# 27990650088

Form/Schedule: **F3XA**

Transaction ID:

This amended report reflects a \$100 change in the itemized totals. Marvin Kelley was recorded with two \$100 contributions, itemizing him at \$200. One check (\$100) was mistakenly assigned to him. It should have been assigned to donor Kelli Potter.
