

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 The Council of Insurance Agents & Brokers Political Action Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00039578 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on [MM/DD/YYYY] in the State of [State]

5. Covering Period 12 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Crerar, A., , Ken, Type or Print Name of Treasurer

Signature of Treasurer Crerar, A., , Ken, [Electronically Filed] Date 01 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		936711.33
(b) Cash on Hand at Beginning of Reporting Period.....	1117099.75	
(c) Total Receipts (from Line 19)	24774.89	1508291.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1141874.64	2445002.78
7. Total Disbursements (from Line 31).....	143437.97	1446566.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	998436.67	998436.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17737.68	1358164.31
(ii) Unitemized	4517.21	140107.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22254.89	1498271.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22254.89	1503271.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.00	20.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24774.89	1508291.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24774.89	1508291.45

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	437.97	27816.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	437.97	27816.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	143000.00	1395500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	22000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	143437.97	1446566.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143437.97	1446566.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22254.89	1503271.45
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22254.89	1502021.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	437.97	27816.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	437.97	27816.11

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Bowers, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 Black Diamond Ter

City Colorado Springs	State CO	Zip Code 80918-1570
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CIA-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : 41773485

Amount of Each Receipt this Period
25.00

Memo Item

B. Callister, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1442 N Fairway Dr

City Cedar City	State UT	Zip Code 84721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Leavitt Group (HQ)	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
544.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : 41773487

Amount of Each Receipt this Period
2.00

Memo Item

C. Franzoy-Capron, Alma, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 31 Box 200

City Hatch	State NM	Zip Code 87937-9707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group Southwest, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : 41773493

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Leavitt, Rodney, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 Terra Vista Way

City Las Vegas	State NV	Zip Code 89117-2018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : 41773515

Amount of Each Receipt this Period
50.00

Memo Item

B. Toner, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Hogan Cir

City Durango	State CO	Zip Code 81301-6236
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schield-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2017

Transaction ID : 41773528

Amount of Each Receipt this Period
16.50

Memo Item

C. Andrews, Mitchell, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Hidden Brook Dr

City North Barrington	State IL	Zip Code 60010-6914
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773568

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	274.84
TOTAL This Period (last page this line number only).....	

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

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

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

A. Bass, Peggy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53110 Harvest Hill RD
 STE 100

City Dallas	State TX	Zip Code 75252-6076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 08 / 2017
Transaction ID : 41773569

Amount of Each Receipt this Period
 50.00

Memo Item

B. Brogan, Jeffrey, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5823 Sand Shell Court

City Dallas	State TX	Zip Code 75252-2346
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 12 / 08 / 2017
Transaction ID : 41773576

Amount of Each Receipt this Period
 40.00

Memo Item

C. Dwyer, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 08 / 2017
Transaction ID : 41773583

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Fawcett, Walter, R, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Macalpin Ct
 City Inverness State IL Zip Code 60010-6426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2017
Transaction ID : 41773584
 Amount of Each Receipt this Period
 416.68
 Memo Item

B. Flynn, Laura, , Miss,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53110 Harvest Hill RD STE 100
 City Dallas State TX Zip Code 75252-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2017
Transaction ID : 41773586
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Griffin, Brian, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21805 W Field Pkwy Ste 300
 City Deer Park State IL Zip Code 60010-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2017
Transaction ID : 41773588
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Guzak, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773589

Amount of Each Receipt this Period
20.00

Memo Item

B. Isaac, Geoffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 Crabtree Ln

City Northbrook	State IL	Zip Code 60062-3412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773591

Amount of Each Receipt this Period
26.00

Memo Item

C. Jenkins, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773592

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Kulwein, Laurel, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53110 Harvest Hill RD
STE 100

City Dallas	State TX	Zip Code 75252-6076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773593

Amount of Each Receipt this Period
40.00

Memo Item

B. Lacey, William, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5321 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5506
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773594

Amount of Each Receipt this Period
208.34

Memo Item

C. Lindsey, Willie, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1583.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773596

Amount of Each Receipt this Period
166.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	415.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Mann, Michael, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 364 Prospect Ave

City Glen Ellyn	State IL	Zip Code 60137-4955
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773597

Amount of Each Receipt this Period
83.34

Memo Item

B. McKenna, Matt, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773599

Amount of Each Receipt this Period
70.00

Memo Item

C. Mink, Dorie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773618

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.34
TOTAL This Period (last page this line number only).....	

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

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

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

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

A. Morrison, Glenn, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 Gaslight Dr

City Algonquin	State IL	Zip Code 60102-3213
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773619

Amount of Each Receipt this Period
25.00

Memo Item

B. Pope, Jared, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53110 Harvest Hill RD
STE 100

City Dallas	State TX	Zip Code 75252-6076
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773620

Amount of Each Receipt this Period
250.00

Memo Item

C. Robbins, Christina, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 Arbor Ct

City Mount Prospect	State IL	Zip Code 60056-4477
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
491.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41773629

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.68
TOTAL This Period (last page this line number only).....	

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

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

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

A. Vick, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773631

Amount of Each Receipt this Period
30.00

Memo Item

B. Wilkening, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773632

Amount of Each Receipt this Period
20.00

Memo Item

C. Wilkens, Matthew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41773643

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Yandell, Kathleen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 NW Expressway Suite 1000W
 City Oklahoma City State OK Zip Code 73112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC, The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 41773839
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bennett, Brad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 S 1500 E
 City Salt Lake City State UT Zip Code 84105-1652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt 12 / 08 / 2017
Transaction ID : 41774037
 Amount of Each Receipt this Period 38.45
 Memo Item

C. Brown, Gordon, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 S Seego Lily Circle
 City North Salt Lake City State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 783.60

Date of Receipt 12 / 08 / 2017
Transaction ID : 41774366
 Amount of Each Receipt this Period 65.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 123.75
TOTAL This Period (last page this line number only).....▶

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

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

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

A. Ferguson, Rob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 547 Happy Hollow Rd
 City Kaysville State UT Zip Code 84037-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.36

Date of Receipt 12 / 08 / 2017
Transaction ID : 41774406
 Amount of Each Receipt this Period 58.03
 Memo Item

B. Fielding, Rick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2620 E Casto Ln
 City Salt Lake City State UT Zip Code 84117-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1192.68

Date of Receipt 12 / 08 / 2017
Transaction ID : 41774407
 Amount of Each Receipt this Period 99.39
 Memo Item

C. Fielding, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 S 400 E Ste 300
 City Salt Lake City State UT Zip Code 84111-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GBS Benefits, Inc. (Leavitt) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 516.12

Date of Receipt 12 / 08 / 2017
Transaction ID : 41774408
 Amount of Each Receipt this Period 43.01
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.43
TOTAL This Period (last page this line number only).....	

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

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

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

A. Johnson, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1264 W Woodward Pl

City West Jordan	State UT	Zip Code 84088-5736
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41774411

Amount of Each Receipt this Period
34.38

Memo Item

B. King, Timothy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 N Vernal Ave

City Vernal	State UT	Zip Code 84078-1701
----------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance of Vernal	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
464.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41774412

Amount of Each Receipt this Period
38.71

Memo Item

C. Kluge, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5955 Mountain Ranch Dr

City Park City	State UT	Zip Code 84098-6177
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group of Wasatch-Summit	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
969.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41774413

Amount of Each Receipt this Period
80.77

Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.86
TOTAL This Period (last page this line number only).....	

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

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

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

A. McKean, Don, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6074 S Oak Canyon Dr

City Salt Lake City	State UT	Zip Code 84121-6361
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
603.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41774414

Amount of Each Receipt this Period
50.29

Memo Item

B. Peifer, Laura, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2721 E Canton Ln

City Sandy	State UT	Zip Code 84092-7126
---------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41774415

Amount of Each Receipt this Period
27.68

Memo Item

C. Romine, Shauna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5944 W 11890 N

City Highland	State UT	Zip Code 84003-3668
------------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
265.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2017

Transaction ID : 41774416

Amount of Each Receipt this Period
22.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stewart, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 S 400 E Ste 300

City Salt Lake City	State UT	Zip Code 84111-3349
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
966.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41774419

Amount of Each Receipt this Period
80.55

Memo Item

B. Wagner, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10833 S Blossom Tree Ln

City Sandy	State UT	Zip Code 84070-5317
---------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2017

Transaction ID : 41774420

Amount of Each Receipt this Period
32.03

Memo Item

C. Lynch, Michael, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 N. Tee Time

City Wichita	State KS	Zip Code 67205-1911
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IMA of Kansas, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774455

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	362.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Finn, Sarah, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 Fairfax St
 City Denver State CO Zip Code 80220-5130
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) IMA Financial Group, Inc. (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774457
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Johnson, Bradley, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16621 Autumn Rock Cv
 City Parker State CO Zip Code 80134-3712
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) IMA Financial Group, Inc. (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774464
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schif, Jerry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3S701 West Avenue Suite 100
 City Warrenville State IL Zip Code 60555
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Digital Insurance, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774465
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Bair, Jon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 9

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774469

Amount of Each Receipt this Period
20.00

Memo Item

B. Barnesky, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5713 Corey Cv

City Sylvania	State OH	Zip Code 43560-2734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774470

Amount of Each Receipt this Period
20.00

Memo Item

C. Baumgartner, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Freedom Square Dr Ste 400

City Independence	State OH	Zip Code 44131-2554
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774472

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Biggs, Jessica, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5851 Black Swan Dr

City Sylvania	State OH	Zip Code 43560-9588
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774477

Amount of Each Receipt this Period
20.00

Memo Item

B. Brady, Matthew, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1731 Ruskin Court

City Fort Wayne	State IN	Zip Code 46825-7222
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774479

Amount of Each Receipt this Period
24.00

Memo Item

C. Brown, Kent, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2411 Lake Ridge Dr

City Fort Wayne	State IN	Zip Code 46804-3822
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774485

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Bryant, Don, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 Morgan St

City Oberlin	State OH	Zip Code 44074-1516
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774486

Amount of Each Receipt this Period
20.00

Memo Item

B. Carpenter, Kimberly, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6288 N 600 E

City Ossian	State IN	Zip Code 46777-9641
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774492

Amount of Each Receipt this Period
20.00

Memo Item

C. Cavell, Matthew, S, Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10401 N Meridian St Ste 200

City Indianapolis	State IN	Zip Code 46290-0901
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774494

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cromly, Brian, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774495

Amount of Each Receipt this Period
20.00

Memo Item

B. Dilts, W. Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2549 E Summer Creek Dr

City Bloomington	State IN	Zip Code 47401-8201
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774497

Amount of Each Receipt this Period
40.00

Memo Item

C. Donavan, Guylaine, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Campau Ave NW Ste 100

City Grand Rapids	State MI	Zip Code 49503-2606
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774500

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Downs, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400

City Troy	State MI	Zip Code 48084-3306
--------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774503

Amount of Each Receipt this Period
24.92

Memo Item

B. Gady, Evan, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3814 S Laura Way

City Bloomington	State IN	Zip Code 47401-8713
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774513

Amount of Each Receipt this Period
20.00

Memo Item

C. Galbraith, Nikki, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2985 County Road 39

City Waterloo	State IN	Zip Code 46793-9514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
481.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774515

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.92
TOTAL This Period (last page this line number only).....	

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

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

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

A. Holloway, Mark, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2029 Chesnut Cresent
 City Saline State MI Zip Code 48176-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774520
 Amount of Each Receipt this Period 22.92
 Memo Item

B. Hylant, Dan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10401 N. Meridian Street Suite 200
 City Indianapolis State IN Zip Code 46290-0901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774525
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kenerson, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Cadillac Drive Suite 230
 City Brentwood State TN Zip Code 37207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774528
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kenyon, James, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Ave NW Ste 100
 City Grand Rapids State MI Zip Code 49503-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774530
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lash, James, R, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11661 Big Bone Rd
 City Union State KY Zip Code 41091-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774532
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Leininger, Vicki, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5328 Hopkinton Dr
 City Fort Wayne State IN Zip Code 46814-7549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774535
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.68
TOTAL This Period (last page this line number only).....	

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

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

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

A. Ley, Bill, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 W Big Beaver Rd Ste 400
 City Troy State MI Zip Code 48084-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.52

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774536
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Ligus, Stephen, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4207 Keswick Dr
 City Brunswick State OH Zip Code 44212-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774537
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Madison, Thomas, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3583 Westcott Dr SE
 City Ada State MI Zip Code 49301-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774538
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.76
TOTAL This Period (last page this line number only).....	

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

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

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

A. McDaniel, Patrick, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50243 Livingston Dr

City Northville	State MI	Zip Code 48168-6804
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774540

Amount of Each Receipt this Period
41.68

Memo Item

B. Monard, Robert, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4261 Morgan Pl

City Perrysburg	State OH	Zip Code 43551-2194
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774543

Amount of Each Receipt this Period
41.68

Memo Item

C. Morman, Terry, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 814 Pine Valley Dr

City Bowling Green	State OH	Zip Code 43402-5224
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
248.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774544

Amount of Each Receipt this Period
22.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	106.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mowery, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Pkwy Ste 330

City Lake Mary	State FL	Zip Code 32746-5055
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774545

Amount of Each Receipt this Period
30.00

Memo Item

B. Nemmers, Gregory, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Campau Ave NW Ste 100

City Grand Rapids	State MI	Zip Code 49503-2606
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
443.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774547

Amount of Each Receipt this Period
23.00

Memo Item

C. Norris, David, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 428 Sapphire Dr

City Carmel	State IN	Zip Code 46032-7411
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774548

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. O'Donnell, Kevin, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 W Big Beaver Rd

City Troy	State MI	Zip Code 48084-3306
--------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774549

Amount of Each Receipt this Period
22.92

Memo Item

B. Packo, Anthony, , Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774551

Amount of Each Receipt this Period
50.00

Memo Item

C. Pelkey, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 S Wacker Dr Ste 650
Suite 650

City Chicago	State IL	Zip Code 60606-6692
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
237.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774552

Amount of Each Receipt this Period
16.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	89.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Pierce, Larry, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38755 Carriage Cir

City North Ridgeville	State OH	Zip Code 44039-9742
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774553

Amount of Each Receipt this Period
25.00

Memo Item

B. Raines, Sarah, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10401 N Meridian St Ste 200

City Indianapolis	State IN	Zip Code 46290-0901
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774556

Amount of Each Receipt this Period
20.00

Memo Item

C. Stewart, Rebecca, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4326 Westway St

City Toledo	State OH	Zip Code 43612-2105
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : 41774560

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Storey, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774561
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Ugljesa, Michael, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8259 Michelle Lane
 City Lambertville State MI Zip Code 48144-9582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774564
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Williams, Patrick, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 7
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 15 / 2017
Transaction ID : 41774565
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Zeiter, Tina, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774568

Amount of Each Receipt this Period
20.00

Memo Item

B. Bowers, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 Black Diamond Ter

City Colorado Springs	State CO	Zip Code 80918-1570
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) CIA-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774572

Amount of Each Receipt this Period
25.00

Memo Item

C. Callister, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1442 N Fairway Dr

City Cedar City	State UT	Zip Code 84721
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : 41774661

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Franzoy-Capron, Alma, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address HC 31 Box 200
 City Hatch State NM Zip Code 87937-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Southwest, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 41774940
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Leavitt, Rodney, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 Terra Vista Way
 City Las Vegas State NV Zip Code 89117-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 41774979
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : 41775060
 Amount of Each Receipt this Period
 16.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Crerar, Ken, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4405 Klinge St NW
 City Washington State DC Zip Code 20016-3578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 4791.59

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775062
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Richardson, Catherine, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 N Overlook Dr
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 479.09

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775063
 Amount of Each Receipt this Period 20.83
 Memo Item

C. McDaid, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1150.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775064
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	279.16
TOTAL This Period (last page this line number only).....	

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

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

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

A. Fielding, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 virginia Ave
 City Alexandria State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775065
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Urso, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 11th St. #906 NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775066
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Wood, Joel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 Windsor Rd
 City Alexandria State VA Zip Code 22307-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4722.09

Date of Receipt 12 / 19 / 2017
Transaction ID : 41775067
 Amount of Each Receipt this Period 277.77
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.61
TOTAL This Period (last page this line number only).....	

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

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

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

A. Staley, Paula, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 Lee Drive

City Gettysburg	State PA	Zip Code 17325
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 41775068

Amount of Each Receipt this Period
20.83

Memo Item

B. Pullen, Rick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW Suite 750

City Washington	State DC	Zip Code 20004-2608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) Editor-in-Chief
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 41775069

Amount of Each Receipt this Period
10.00

Memo Item

C. Rushford, Susan, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW Suite 750

City Washington	State DC	Zip Code 20004-2608
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 41775070

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.83
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Bowers, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 Black Diamond Ter

City Colorado Springs	State CO	Zip Code 80918-1570
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CIA-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 41775073

Amount of Each Receipt this Period
25.00

Memo Item

B. Callister, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1442 N Fairway Dr

City Cedar City	State UT	Zip Code 84721
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
548.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 41775074

Amount of Each Receipt this Period
2.00

Memo Item

C. Franzoy-Capron, Alma, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 31 Box 200

City Hatch	State NM	Zip Code 87937-9707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group Southwest, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : 41775078

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Leavitt, Rodney, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 Terra Vista Way
 City Las Vegas State NV Zip Code 89117-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 41775092
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 12 / 29 / 2017
Transaction ID : 41775105
 Amount of Each Receipt this Period 16.50
 Memo Item

C. Allen, Justin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St Ste 600
 City Cleveland State OH Zip Code 44114-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 41782423
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.50
TOTAL This Period (last page this line number only).....	

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

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

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

A. Bowman, Cynthia, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St
 Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2017
Transaction ID : 41782429
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Brancovsky, William, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6253 S Applecross Rd
 City Highland Heights State OH Zip Code 44143-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2017
Transaction ID : 41782431
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Feliciano, Brian, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Marguerite Ave
 City Cuyahoga Falls State OH Zip Code 44221-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2017
Transaction ID : 41782438
 Amount of Each Receipt this Period
 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Jung, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E
 City Cleveland State OH Zip Code 44114-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 12 / 22 / 2017
Transaction ID : 41782452
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Lancaster, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Pioneer Trl
 City Aurora State OH Zip Code 44202-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 12 / 22 / 2017
Transaction ID : 41782456
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Mindell, Michelle, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St Ste 600 Suite 600
 City Cleveland State OH Zip Code 44114-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 22 / 2017
Transaction ID : 41782458
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Schwab, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 Sheerbrook Dr
 City Chagrin Falls State OH Zip Code 44022-4137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 41782461
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Teske, Eric, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Selvaggio, Teske & Associates Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2017
Transaction ID : 41782465
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Schultz, SueAnn, V, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22661 S Stanley Rd
 City Quenemo State KS Zip Code 66528-8183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4750.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 41782500
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2075.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Ashcraft, Steven, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8319 Coral Dr

City Dallas	State TX	Zip Code 75243-7023
----------------	-------------	------------------------

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

Name of Employer (for Individual) Towerstone Insurance Services	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782509

Amount of Each Receipt this Period
500.00

Memo Item

B. Baumgartner, Brad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3103 W Clyde Pl

City Denver	State CO	Zip Code 80211-2789
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782524

Amount of Each Receipt this Period
250.00

Memo Item

C. Perryman, Kathi, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
----------------	-------------	------------------------

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

Name of Employer (for Individual) IMA	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782527

Amount of Each Receipt this Period
250.00

Memo Item

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

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

A. Reiter, Robert, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8280 S Franklin Ct

City Centennial	State CO	Zip Code 80122-3272
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : 41782531

Amount of Each Receipt this Period
2000.00

Memo Item

B. Briggs, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 E. River Road

City Mt. Pleasant	State MI	Zip Code 48858
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : 41782686

Amount of Each Receipt this Period
500.00

Memo Item

C. Kohler, Howard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3284 W 11th Avenue Dr

City Broomfield	State CO	Zip Code 80020-6755
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2017

Transaction ID : 41782847

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hawkins, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782868

Amount of Each Receipt this Period
250.00

Memo Item

B. Thomas, Karen, G, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2868 S. Heather Gardens Way #209

City Aurora	State CO	Zip Code 80014
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782870

Amount of Each Receipt this Period
1000.00

Memo Item

C. McConnell, Tracy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9393 W. 110th St Ste 600 9393 W. 110th Street, Suite 600

City Overland Park	State KS	Zip Code 66210
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) IMA Financial Group	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782871

Amount of Each Receipt this Period
500.00

Memo Item

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

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

A. Lanning, Patrick, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9393 W 110th St Ste 600

City Overland Park	State KS	Zip Code 66210-1465
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) IMA of NE Kansas, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782873

Amount of Each Receipt this Period
500.00

Memo Item

B. Vickers, Robert, F, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6041 Windsor Dr

City Fairway	State KS	Zip Code 66205-3348
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IMA Financial Group	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782877

Amount of Each Receipt this Period
250.00

Memo Item

C. Harvath, Sandra, D, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31699 Robinson Hill Road

City Golden	State CO	Zip Code 80403
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782881

Amount of Each Receipt this Period
500.00

Memo Item

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

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

A. Waldman, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Centura Tower 6200 LBJ Freeway Sui

City Dallas	State TX	Zip Code 75240
----------------	-------------	-------------------

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

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782886

Amount of Each Receipt this Period
500.00

Memo Item

B. Burton, Bret, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5512 Prairie Hawk Drive

City Wichita	State KS	Zip Code 67220-1734
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IMA of Kansas, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41782893

Amount of Each Receipt this Period
500.00

Memo Item

C. Cooper, Wes, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 E 32nd St N

City Wichita	State KS	Zip Code 67226-2606
-----------------	-------------	------------------------

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

Name of Employer (for Individual) IMA of Kansas, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 41793104

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	17737.68

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas	State TX	Zip Code 75382
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00370650

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	08	/	2017

Transaction ID : 41793002

Amount of Each Receipt this Period
2500.00

Memo Item

Refund of Check#5993 9/26/17 - 2018 General - Not Seeking Re-Election

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

C []

Transaction ID : 41793118

Amount of Each Disbursement this Period

[] 390.72

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2017			

FEC Identification Number

C []

Transaction ID : 41793119

Amount of Each Disbursement this Period

[] 47.25

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 437.97

[] 437.97

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Cohen For Congress

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cohen, Stephen, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00422980

Transaction ID : 41652415

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Senate Leadership Fund

Mailing Address 1130 Connecticut Avenue NW Suite

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Senate Leadership Fund

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00571703

Transaction ID : 41652417

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement

011

Category/
Type

Candidate Name

Coffman, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00497180

Transaction ID : 41652418

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

17500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Greg For Montana

Mailing Address PO Box 877

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gianforte, Greg, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00631945

Transaction ID : 41652419

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cory Booker For Senate

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Booker, Cory, A., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00540500

Transaction ID : 41652420

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Reviving American Jobs Again (RAJA) PAC

Mailing Address 150 N. Michigan Ave

City
Chicago

State
IL

Zip Code
60601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Reviving American Jobs Again (RAJA) PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00649772

Transaction ID : 41652422

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Economy PAC

Mailing Address 415 New Jersey Ave, SE #1

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

New Economy PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41652423

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement

Category/
Type

Candidate Name

Rothfus, Keith, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: PA District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41652424

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Trey For Congress

Mailing Address PO Box 421

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement

Category/
Type

Candidate Name

Hollingsworth, Trey, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41652427

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walters, Mimi, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00546853

Transaction ID : 41652430

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carolyn's PAC

Mailing Address 24 East 93rd Street #4b

City New York State NY Zip Code 10128

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carolyn's PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00341990

Transaction ID : 41652431

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DREAM PAC

Mailing Address 410 First St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

DREAM PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00423079

Transaction ID : 41652433

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feinstein For Senate 2018

Mailing Address 918 Pennsylvania Ave Se

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Feinstein, Dianne, , Sen.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00539890

Transaction ID : 41652434

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marchant, Kenny, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00393348

Transaction ID : 41652661

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marchant, Kenny, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00393348

Transaction ID : 41652663

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gibbs For Congress

Mailing Address 13871 Tr 473

City
Lakeville

State
OH

Zip Code
44638

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gibbs, Robert, Brian, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH

District: 07

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00466516

Transaction ID : 41652664

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City
Homewood

State
AL

Zip Code
35209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Palmer, Gary, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: AL

District: 06

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00551374

Transaction ID : 41652665

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lee Thomas Miller for Congress

Mailing Address PO Box 518

City
Franklin

State
TN

Zip Code
37065

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller, Lee, Thomas, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: TN

District: 07

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00659748

Transaction ID : 41652666

Amount of Each Disbursement this Period

5000.00

Memo Item

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) 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mia Love

Mailing Address PO Box 255

City
Riverton

State
UT

Zip Code
84065

Purpose of Disbursement

011

Category/
Type

Candidate Name

Love, Mia, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: UT

District: 04

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00505776

Transaction ID : 41652669

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sanchez, Linda, T., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: CA

District: 38

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00384057

Transaction ID : 41652670

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Kennedy For Congress

Mailing Address PO Box 590464

City
Newton

State
MA

Zip Code
02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kennedy, Joseph, , Rep., III

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MA

District: 04

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00512970

Transaction ID : 41652671

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Nydia M. Velazquez to Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

011

Category/
Type

Candidate Name

Velazquez, Nydia, M., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C C00271312

Transaction ID : 41652672

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Taylor, Nicholas, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C C00653634

Transaction ID : 41652673

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C C00607416

Transaction ID : 41652674

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00255562

Transaction ID : 41652675

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Costello, Ryan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00554899

Transaction ID : 41652676

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225

Purpose of Disbursement

011

Category/
Type

Candidate Name

Yoder, Kevin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2017

FEC Identification Number

C C00472365

Transaction ID : 41652677

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brave PAC

Mailing Address 499 S. Capitol Street SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Brave PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00430579

Transaction ID : 41652679

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name
Kind, Ron, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00312017

Transaction ID : 41652681

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/
Type

Candidate Name
Kildee, Dan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C00499947

Transaction ID : 41652682

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Faso For Congress

Mailing Address PO Box 448

City
Kinderhook

State
NY

Zip Code
12106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Faso, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2017			

FEC Identification Number

C C00580415

Transaction ID : 41652683

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amodei For Nevada

Mailing Address 503 N Division St

City
Carson City

State
NV

Zip Code
89703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amodei, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2017			

FEC Identification Number

C C00467365

Transaction ID : 41652684

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Don Bacon For Congress

Mailing Address P.O. Box 391368

City
Omaha

State
NE

Zip Code
68139

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bacon, Donald, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2017			

FEC Identification Number

C C00575167

Transaction ID : 41652685

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blue Majority PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2017

Mailing Address 499 South Capitol St
Ste 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00529693
---	-----------

Transaction ID : 41656343

Amount of Each Disbursement this Period

5000.00

Memo Item

Candidate Name

Blue Majority PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Jimmy Panetta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2017

Mailing Address PO Box 1579

City Carmel Valley State CA Zip Code 93924

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00592154
---	-----------

Transaction ID : 41656344

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Panetta, Jimmy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: CA District: 20

Full Name (Last, First, Middle Initial)

C. DEREK PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2017

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00503243
---	-----------

Transaction ID : 41656345

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

DEREK PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Don Bacon For Congress

Mailing Address P.O. Box 391368

City Omaha State NE Zip Code 68139

Purpose of Disbursement

Category/
Type

Candidate Name
Bacon, Donald, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NE District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41656346

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

Category/
Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41656347

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Donovan For Congress

Mailing Address PO Box 60530

City Staten Island State NY Zip Code 10306

Purpose of Disbursement

Category/
Type

Candidate Name
Donovan, Dan, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NY District: 11

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41656348

Amount of Each Disbursement this Period

Memo Item

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Mast For Congress

Mailing Address 2600 S Douglas Rd Ste 900

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

Category/
Type

Candidate Name

Mast, Brian, , Rep.,

Office Sought: House Senate President
State: FL District: 18

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41723704

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Rd

City Media State PA Zip Code 19063

Purpose of Disbursement

Category/
Type

Candidate Name

Meehan, Patrick, , Rep.,

Office Sought: House Senate President
State: PA District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41723706

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Davidson For Congress

Mailing Address 1385 Stonycreek Rd. Box 4

City Troy State OH Zip Code 45373

Purpose of Disbursement

Category/
Type

Candidate Name

Davidson, Warren, , Rep.,

Office Sought: House Senate President
State: OH District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41723707

Amount of Each Disbursement this Period

Memo Item

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

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Category/Type

Candidate Name

Himes, Jim, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C00434191

Transaction ID : 41723708

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson Valley PAC

Mailing Address 415 New Jersey Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Hudson Valley PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C00549014

Transaction ID : 41723709

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Motor City PAC

Mailing Address 200 I Street, NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/Type

Candidate Name

Motor City PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C00507574

Transaction ID : 41723710

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address PO Box 11545

City Philadelphia

State PA

Zip Code 19116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boyle, Brendan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C00543363

Transaction ID : 41723711

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora

State IL

Zip Code 60598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Foster, Bill, , Rep., PhD

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C00435099

Transaction ID : 41723712

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Keep America Rolling PAC

Mailing Address PO Box 185

City Harrisburg

State PA

Zip Code 17101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Keep America Rolling PAC

Office Sought: House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C00524603

Transaction ID : 41723713

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

A. Road to Freedom PAC

Full Name (Last, First, Middle Initial)
Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 011 Category/Type

Candidate Name **Road to Freedom PAC**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: **C00486043**
Transaction ID : 41723714
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Royce Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834

Purpose of Disbursement 011 Category/Type

Candidate Name **Royce, Ed, R., Rep.,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 39

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: **C00200865**
Transaction ID : 41723715
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Zeldin For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement 011 Category/Type

Candidate Name **Zeldin, Lee, M., Rep.,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: **C00552547**
Transaction ID : 41723716
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	143000.00