

**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="2018"/>		998436.67
(b) Cash on Hand at Beginning of Reporting Period.....	646191.73	
(c) Total Receipts (from Line 19)	137538.38	725752.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	783730.11	1724189.35
7. Total Disbursements (from Line 31).....	86957.48	1027416.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	696772.63	696772.63
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).....	131443.51	650471.69
(ii) Unitemized	6094.87	58280.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	137538.38	708752.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	137538.38	708752.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	17000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	137538.38	725752.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	137538.38	725752.68

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	2957.48	11946.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2957.48	11946.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84000.00	1010200.00
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	270.00
(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	270.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
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)) ..	86957.48	1027416.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86957.48	1027416.72

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)	137538.38	708752.68
34. Total Contribution Refunds (from Line 28(d))	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137538.38	708482.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2957.48	11946.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2957.48	11946.72

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 99
<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. Passananti, Dan, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07	/	01	/	2018

Transaction ID : 42532549

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07	/	02	/	2018

Transaction ID : 42532550

Amount of Each Receipt this Period
1000.00

Memo Item

C. Crerar, Ken, A, 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2708.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2018

Transaction ID : 42532552

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1458.33
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 99
	<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 701 Pennsylvania Ave NW Ste 750, S

City Washington	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) Legal Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532553

Amount of Each Receipt this Period
50.00

Memo Item

B. Kiley, Alycia, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW Ste 750, S

City Washington	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) SVP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532554

Amount of Each Receipt this Period
21.00

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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) SVP
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1299.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532555

Amount of Each Receipt this Period
104.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.16
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 8 OF 99
<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. Urso, Jennifer, , 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532556

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Ste 750

City Washington	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) Director of Government Affairs
---	---

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
07		02		2018

Transaction ID : 42532557

Amount of Each Receipt this Period
25.00

Memo Item

C. Kopperud, Joel, T, 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
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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
07		02		2018

Transaction ID : 42532558

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.83
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 9 OF 99
<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. Wood, Joel, , 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2777.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532559

Amount of Each Receipt this Period
208.33

Memo Item

B. Staley, Paula, J, 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42532560

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address 2850 Golf Rd

City Rolling Meadows	State IL	Zip Code 60008-4050
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthur J. Gallagher Risk Management Se	Occupation (for Individual) Insurance Broker
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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
07		06		2018

Transaction ID : 42532561

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1229.16
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 10 OF 99
	<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. Bass, Peggy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 Harvest Hill Rd Ste 100
 STE 100
 City Dallas State TX Zip Code 75230-5812
 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 ▼ 350.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532563
 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 5310 Harvest Hill Rd Ste 100
 City Dallas State TX Zip Code 75230-5812
 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 ▼ 280.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532564
 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
 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 ▼ 350.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532566
 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 11 OF 99
	<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. Fawcett, Walter, R, Mr., III
 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) The Plexus Groupe LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.60

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532567
 Amount of Each Receipt this Period 416.68
 Memo Item

B. 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) The Plexus Groupe LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532570
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Lacey, William, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 Harvest Hill Rd Ste 100
 City Dallas State TX Zip Code 75230-5812
 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 ▼ 1458.30

Date of Receipt 07 / 06 / 2018
Transaction ID : 42532576
 Amount of Each Receipt this Period 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 709.02
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 99
	<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. Mann, Michael, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21805 W Field Pkwy Ste 300, Suite
 City Deer Park State IL Zip Code 60010-3231
 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 ▼ 583.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 42532578
 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
 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 ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 42532580
 Amount of Each Receipt this Period
 70.00
 Memo Item

C. Pope, Jared, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 Harvest Hill Rd Ste 100 STE 100
 City Dallas State TX Zip Code 75230-5812
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : 42532582
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.34
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 99
	<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. Robbins, Christina, L, Mrs.,
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) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42532584

Amount of Each Receipt this Period
41.68

Memo Item

B. 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) The Plexus Groupe LLC	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
07		06		2018

Transaction ID : 42532587

Amount of Each Receipt this Period
30.00

Memo Item

C. Marcocchio, Robert, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		06		2018

Transaction ID : 42532589

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	571.68
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 99
	<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. Crichton, Rob, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 Army Dr Ste 250

City Nashville	State TN	Zip Code 37204-3747
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The Crichton 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
07		06		2018

Transaction ID : 42532591

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		06		2018

Transaction ID : 42532592

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 5310 Harvest Hill Rd Ste 100
STE 100

City Dallas	State TX	Zip Code 75230-5812
----------------	-------------	------------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42532593

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5540.00
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 99
	<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. Andrews, Mitchell, C, 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) The Plexus Groupe LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1458.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42532594

Amount of Each Receipt this Period
208.34

Memo Item

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

Mailing Address 805 SW Broadway Ste 2300 Suite 2300

City Portland	State OR	Zip Code 97205-3363
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Propel Insurance	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
07		09		2018

Transaction ID : 42532595

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		09		2018

Transaction ID : 42532596

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1508.34
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 16 OF 99
	<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. Labrecque, Christopher, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1855 W State Road 434

City Longwood	State FL	Zip Code 32750-5036
------------------	-------------	------------------------

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

Name of Employer (for Individual) Insurance Office of America, 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
07		09		2018

Transaction ID : 42532597

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 925 4th Ave Ste 3200
Unit 202

City Seattle	State WA	Zip Code 98104-1159
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Propel Insurance	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
07		09		2018

Transaction ID : 42532599

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 180 N. Stetson Avenue Suite 4600

City Chicago	State IL	Zip Code 60601-6746
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ryan Specialty Group	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
07		09		2018

Transaction ID : 42532601

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 17 OF 99
	<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. Huston, Danielle, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Pacific Ave Ste 1000
 City Tacoma State WA Zip Code 98402-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propel Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 42532602
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Heilesen, Brent, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Pacific Ave Ste 1000
 City Tacoma State WA Zip Code 98402-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propel Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 42532603
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lane, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 888 SW 5th Avenue Suite 1170
 City Portland State OR Zip Code 97204-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propel Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2018
Transaction ID : 42532604
 Amount of Each Receipt this Period 250.00
 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 18 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wiedman, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Army Dr Ste 250
 City Nashville State TN Zip Code 37204-3747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crichton Group, The 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
 07 / 09 / 2018
Transaction ID : 42532605
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Morimoto, Kristine, , Miss,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Pacific Ave Ste 1000
 City Tacoma State WA Zip Code 98402-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propel Insurance 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
 07 / 09 / 2018
Transaction ID : 42532606
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Naylor, Jim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Agency, Ltd. 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
 07 / 09 / 2018
Transaction ID : 42532607
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 19 OF 99
	<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. Churney, Bob, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		09		2018

Transaction ID : 42532608

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 50 California St Fl 12

City San Francisco	State CA	Zip Code 94111-4624
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Woodruff-Sawyer & Co.	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
07		09		2018

Transaction ID : 42532609

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 361 Delaware Ave

City Buffalo	State NY	Zip Code 14202-1622
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Lawley Services 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
07		09		2018

Transaction ID : 42532611

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).....	

**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 99
	<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. Lavins, David, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4725 Piedmont Row Dr Ste 600, Suit

City Charlotte	State NC	Zip Code 28210-4283
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AmWINS Program Underwriters	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
07		09		2018

Transaction ID : 42532613

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 888 SW 5th Avenue Suite 1170

City Portland	State OR	Zip Code 97204-2025
------------------	-------------	------------------------

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

Name of Employer (for Individual) Propel Insurance	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
07		09		2018

Transaction ID : 42532614

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		09		2018

Transaction ID : 42532615

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 21 OF 99
	<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. Furrer, Kristy, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 California St Fl 12

City San Francisco	State CA	Zip Code 94111-4624
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Woodruff-Sawyer & Co.	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
07		09		2018

Transaction ID : 42532617

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 925 Fourth Avenue, Ste 3200

City Seattle	State WA	Zip Code 98104-1159
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Propel Insurance	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
07		09		2018

Transaction ID : 42532618

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	Occupation (for Individual) Insurance Broker
---	---

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
07		09		2018

Transaction ID : 42532620

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 99
<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. Turner, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		09		2018

Transaction ID : 42532621

Amount of Each Receipt this Period
500.00

Memo Item

B. Morey, Mike, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3475 E Foothill Blvd Ste 100, PO B

City Pasadena	State CA	Zip Code 91107-6024
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bolton & Company	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
07		09		2018

Transaction ID : 42532622

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		09		2018

Transaction ID : 42532623

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 99
	<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, Pam, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 Pacific Avenue #1000

City Tacoma	State WA	Zip Code 98402-4321
----------------	-------------	------------------------

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

Name of Employer (for Individual) Propel Insurance	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
 07 / 10 / 2018

Transaction ID : 42532624

Amount of Each Receipt this Period
 250.00

Memo Item

B. Deal, Steve, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Colonial Center Parkway Ste 14

City Lake Mary	State FL	Zip Code 32746-4702
-------------------	-------------	------------------------

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

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

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
 07 / 11 / 2018

Transaction ID : 42532626

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Henderson, Jim, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Colonial Center Pkwy Ste 140

City Lake Mary	State FL	Zip Code 32746-4702
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, Inc.	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
 07 / 11 / 2018

Transaction ID : 42532627

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 99
<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. Pierce, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5251 Hampstead High St Ste 200

City Montgomery	State AL	Zip Code 36116-6755
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, Inc.	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
07		12		2018

Transaction ID : 42532628

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO Box 1133

City Erie	State PA	Zip Code 16512-1133
--------------	-------------	------------------------

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

Name of Employer (for Individual) Insurance Management Company	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
07		12		2018

Transaction ID : 42532629

Amount of Each Receipt this Period
500.00

Memo Item

C. Taylor, Jonathon, N, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3860 Faber Place Dr Ste 400 Suite 100

City North Charleston	State SC	Zip Code 29405-8555
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners/Neace Lukens	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
07		12		2018

Transaction ID : 42532630

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 99
<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. Choppin, Beverly, D, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4041 Essen Ln Ste 400
 City Baton Rouge State LA Zip Code 70809-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright & Percy BancorpSouth 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
 07 / 13 / 2018
Transaction ID : 42532633
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Baris, Lynda, W, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Maryville Centre Dr Suite 200
 City Chesterfield State MO Zip Code 63017-5942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.W. Terrill, 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
 07 / 13 / 2018
Transaction ID : 42532634
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Smith, Sean, K, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200, Suite
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan 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
 07 / 13 / 2018
Transaction ID : 42532635
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 26 OF 99
	<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. Revelas, TJ, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Services Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532636
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Barsness, Dean, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Agency, Ltd. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532637
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Berenzweig, Andrew, D, 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 Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532643
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 27 OF 99
	<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. Brown, Kent, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6714 Pointe Inverness Way Ste 100
 City Fort Wayne State IN Zip Code 46804-7935
 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 ▼ 280.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532649
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Bupp, Deborah, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 10
 City Toledo State OH Zip Code 43604-5626
 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 ▼ 294.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532651
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Dilts, W. Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S College Ave Ste 230
 City Bloomington State IN Zip Code 47404-5163
 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 ▼ 280.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532657
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.00
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 28 OF 99
	<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. Donavan, Guylaine, , Ms.,
 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 ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532658
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Gillmor, Jeffrey, 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 Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532665
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Grabner, John, , 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 ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532666
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 29 OF 99
	<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. Hawker, Robert, 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	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532667

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 8 Cadillac Dr Ste 230

City Brentwood	State TN	Zip Code 37027-5392
-------------------	-------------	------------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532671

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 50 E Business Way Suite 420

City Cincinnati	State OH	Zip Code 45241
--------------------	-------------	-------------------

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 ▼
291.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532674

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	131.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 99
	<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. Leininger, Vicki, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6714 Pointe Inverness Way Ste 100

City Fort Wayne	State IN	Zip Code 46804-7935
--------------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532675

Amount of Each Receipt this Period
30.00

Memo Item

B. Ligus, Stephen, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6000 Freedom Square Dr Ste 400

City Cleveland	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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532677

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 2401 West Big Beaver Road Suite 40

City Troy	State MI	Zip Code 48084-3327
--------------	-------------	------------------------

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 ▼
291.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532680

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.68
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 31 OF 99
	<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. Monard, Robert, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 10
 City Toledo State OH Zip Code 43604-5626
 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 ▼ 291.76

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532682
 Amount of Each Receipt this Period 41.68
 Memo Item

B. 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 ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532684
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Murray, Shaun, M, 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 Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532685
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.68
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 32 OF 99
	<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. Norris, David, C, 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 ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532687

Amount of Each Receipt this Period
42.00

Memo Item

B. Ugljesa, Michael, D, 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	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532701

Amount of Each Receipt this Period
41.68

Memo Item

C. Crerar, Ken, A, 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2916.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532705

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.01
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 99
	<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. Fielding, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Ste 750, S
 City Washington State DC Zip Code 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 13 / 2018**
Transaction ID : 42532706
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Kiley, Alycia, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Ste 750, S
 City Washington State DC Zip Code 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **273.00**

Date of Receipt **07 / 13 / 2018**
Transaction ID : 42532707
 Amount of Each Receipt this Period **21.00**
 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 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1404.08**

Date of Receipt **07 / 13 / 2018**
Transaction ID : 42532708
 Amount of Each Receipt this Period **104.16**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.16
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 34 OF 99
<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. Urso, Jennifer, , 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532709

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Ste 750

City Washington	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) Director of Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532710

Amount of Each Receipt this Period
25.00

Memo Item

C. Kopperud, Joel, T, 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532711

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.83
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 35 OF 99
	<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. Wood, Joel, , 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 20004-2661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2986.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532712

Amount of Each Receipt this Period
208.33

Memo Item

B. Staley, Paula, J, 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532713

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address PO Box 5002

City Alamosa	State CO	Zip Code 81101-7012
-----------------	-------------	------------------------

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532716

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.16
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 36 OF 99
	<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. Callister, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 S 200 W, Suite 301
 City Cedar City State UT Zip Code 84720-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Leavitt Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2018
Transaction ID : 42532719
 Amount of Each Receipt this Period 2.00
 Memo Item

B. Franzoy-Capron, Alma, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Calle De Mercado Ste E
 City Mesilla State NM Zip Code 88046-4622
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2018
Transaction ID : 42532722
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Leavitt, Rodney, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7881 W Charleston Blvd Ste 140
 City Las Vegas State NV Zip Code 89117-8326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group, The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2018
Transaction ID : 42532735
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 37 OF 99
	<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. Toner, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Suttle St Unit L

City Durango	State CO	Zip Code 81303-6829
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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
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532748

Amount of Each Receipt this Period
16.50

Memo Item

B. Baltas, Steve, , 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) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532749

Amount of Each Receipt this Period
40.00

Memo Item

C. Bowman, Cynthia, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Superior Ave E Ste 1500
Suite 600

City Cleveland	State OH	Zip Code 44114-2544
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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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532750

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	136.50
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 38 OF 99
	<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. Brancovsky, William, E, 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) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532751
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Catania, Paul, , 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) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532752
 Amount of Each Receipt this Period 60.00
 Memo Item

C. DuBois, Joseph, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500, 1100
 City Cleveland State OH Zip Code 44114-2544
 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 ▼ 700.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 42532754
 Amount of Each Receipt this Period 100.00
 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 39 OF 99
	<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. Feliciano, Brian, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Superior Avenue, Suite 1500

City Cleveland	State OH	Zip Code 44114-2544
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
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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
07		13		2018

Transaction ID : 42532755

Amount of Each Receipt this Period
80.00

Memo Item

B. Fisher, William, F, 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532756

Amount of Each Receipt this Period
82.00

Memo Item

C. Judd, James, D, 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532757

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 99
<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. Jung, Jessica, , Ms.,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532758

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 1100 Superior Avenue, Suite 1500

City Cleveland	State OH	Zip Code 44114-2544
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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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532760

Amount of Each Receipt this Period
40.00

Memo Item

C. Sadlier, Jonathan, , 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
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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 ▼
291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42532762

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 99
<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 1100 Superior Ave E Ste 1500

City Cleveland	State OH	Zip Code 44114-2544
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2018

Transaction ID : 42532763

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 5251 Hampstead High St Unit 206

City Montgomery	State AL	Zip Code 36116-6744
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AssuredPartners NL	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
07	/	14	/	2018

Transaction ID : 42532769

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 1130 Highway 315 Ste 1

City Wilkes Barre	State PA	Zip Code 18702-6952
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AssuredPartners, Inc.	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
07	/	16	/	2018

Transaction ID : 42532770

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 99
<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. Kinnett, Stanley, , Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Colonial Center Pkwy Ste 150

City Lake Mary	State FL	Zip Code 32746-4704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AssuredPartners, Inc.	Occupation (for Individual) Insurance Broker
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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
 07 / 16 / 2018
Transaction ID : 42532771

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Nelson, Doug, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Assurance Agency, Ltd.	Occupation (for Individual) Insurance Broker
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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
 07 / 16 / 2018
Transaction ID : 42532774

Amount of Each Receipt this Period
 500.00

Memo Item

C. Hudson, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd., Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
 07 / 17 / 2018
Transaction ID : 42532777

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 99
	<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	<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. Tatar, Jaime, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Colonial Center Parkway Ste 15

City Lake Mary	State FL	Zip Code 32746-4704
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, 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
07		17		2018

Transaction ID : 42532778

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		17		2018

Transaction ID : 42532779

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 389 Interpace Pkwy Ste 4, 4th Floor

City Parsippany	State NJ	Zip Code 07054-1132
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T Insurance Services, Inc.	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
07		17		2018

Transaction ID : 42532780

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 99
	<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	<input type="checkbox"/> 17

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

A. Payne, Lashai, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Suite 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 42532781
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Suchomski, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 N Canal St Fl 5
 City Chicago State IL Zip Code 60606-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Agency Ltd. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 42532783
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Doepker, Charlotte, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 42532784
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 99
	<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. Trapp, Jonathan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		18		2018

Transaction ID : 42532785

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 110 Sweetwater Ct

City Greer	State SC	Zip Code 29650-3029
---------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, 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
07		18		2018

Transaction ID : 42532786

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		18		2018

Transaction ID : 42532788

Amount of Each Receipt this Period
500.00

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 46 OF 99
	<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. Hall, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200
Suite 200

City Torrance State CA Zip Code 90501-3329

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

Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 18 / 2018**

Transaction ID : 42532789

Amount of Each Receipt this Period 1500.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer (for Individual) Assurance Agency, Ltd. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 18 / 2018**

Transaction ID : 42532790

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer (for Individual) Assurance Agency, Ltd. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 18 / 2018**

Transaction ID : 42532791

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 99
<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. Floyd, Phillip, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7701 Airport Center Dr

City Greensboro	State NC	Zip Code 27409-9047
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T Insurance Services of the Triad	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
07		19		2018

Transaction ID : 42532792

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200
Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		19		2018

Transaction ID : 42532793

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd. Ste 200
Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		19		2018

Transaction ID : 42532794

Amount of Each Receipt this Period
1000.00

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 48 OF 99
<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. Tomasello, Jenise, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 19 / 2018**
Transaction ID : 42532795
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Paschke, Mike, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 E Warm Springs Rd
 City Las Vegas State NV Zip Code 89119-4101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 19 / 2018**
Transaction ID : 42532797
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Greeley, Cheryl, H, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 S Broad St
 City Monroe State GA Zip Code 30655-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BB&T Insurance Services Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 19 / 2018**
Transaction ID : 42532801
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 49 OF 99
	<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. Ciucci, Marjorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Services Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532803
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Zickuhr, Tod, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 4th Ave Ste 3200
 City Seattle State WA Zip Code 98104-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propel Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532804
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tuisl, Jeff, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Agency, Ltd. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532805
 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:	PAGE 50 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1111 Broadway Ste 2000

City Oakland	State CA	Zip Code 94607-4008
-----------------	-------------	------------------------

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

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

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
07		20		2018

Transaction ID : 42532806

Amount of Each Receipt this Period
2500.00

Memo Item

B. Schreiber, Edward, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3355 W Alabama St Ste 850

City Houston	State TX	Zip Code 77098-1799
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BXS Insurance	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
07		20		2018

Transaction ID : 42532807

Amount of Each Receipt this Period
500.00

Memo Item

C. Basel, Mary Beth, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532812

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3083.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 99
	<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. Boray, Matthew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 Discovery Pkwy

City Wauwatosa	State WI	Zip Code 53226-1337
-------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532815

Amount of Each Receipt this Period
83.34

Memo Item

B. Brown, Gerald, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532816

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532817

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.68
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 52 OF 99
	<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. Clougherty, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532818

Amount of Each Receipt this Period
50.00

Memo Item

B. Dandrea, Kim, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 Discovery Pkwy

City Wauwatosa	State WI	Zip Code 53226-1337
-------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532820

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 1425 Discovery Pkwy

City Wauwatosa	State WI	Zip Code 53226-1337
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532821

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.35
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 99
	<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. Healy, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532829

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532832

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532834

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	183.34
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 54 OF 99
	<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. Julius, William, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532835

Amount of Each Receipt this Period
41.68

Memo Item

B. Kenyon, Christine, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532837

Amount of Each Receipt this Period
208.34

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532838

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	291.70
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 55 OF 99
	<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. Koenig, Raymond, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532839

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532840

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532842

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	223.34
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 56 OF 99
<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. LeMire, Patrick, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	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
07		20		2018

Transaction ID : 42532843

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address One Corporate Dr Ste 600

City Wausau	State WI	Zip Code 54401-1723
----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532844

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532846

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.68
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 57 OF 99
	<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. Menefee, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : 42532848
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Moore, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : 42532851
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Niebuhr, Bradley, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : 42532853
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.36
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 99
	<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. Olson, Amy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532855

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address One Corporate Dr Ste 600

City Wausau	State WI	Zip Code 54401-1723
----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532861

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532862

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	166.69
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 59 OF 99
<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. Shradar, Eric, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532865

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532866

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address One Corporate Dr Ste 600

City Wausau	State WI	Zip Code 54401-1723
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532868

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.85
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 99
	<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. Trinrud, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

City Eau Claire	State WI	Zip Code 54701-7777
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532872

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1425 Discovery Pkwy

City Wauwatosa	State WI	Zip Code 53226-1337
-------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	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
07		20		2018

Transaction ID : 42532873

Amount of Each Receipt this Period
166.60

Memo Item

C. Van Asten, Cynthia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 480 Pilgrim Way Ste 1230

City Green Bay	State WI	Zip Code 54304-5279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532874

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.61
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 61 OF 99
	<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. Van Dam, Dale, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Parkway
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532875
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Vanderlip, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532876
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Victorson, Mike, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.04

Date of Receipt 07 / 20 / 2018
Transaction ID : 42532878
 Amount of Each Receipt this Period 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 99
<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. Yeager, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532881

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

City Eau Claire	State WI	Zip Code 54701-7777
--------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42532884

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1750 E Golf Rd

City Schaumburg	State IL	Zip Code 60173-5835
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		23		2018

Transaction ID : 42532886

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.01
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 63 OF 99
	<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. Jeatran, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7225 Northland Dr N Ste 300
 City Minneapolis State MN Zip Code 55428-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh & McLennan Agency Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 42532887
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Harrison, Carmella, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 42532888
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jackson, Clay, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Harding Pike Ste 400
 City Nashville State TN Zip Code 37205-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BB&T Insurance Services, Cooper, Love, Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 42532889
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 99
	<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. Oshiro, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200
 Suite 200

City Torrance State CA Zip Code 90501-3329

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

Name of Employer (for Individual) Keenan 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
 07 / 23 / 2018

Transaction ID : 42532890

Amount of Each Receipt this Period
 300.00

Memo Item

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

Mailing Address 901 Calle Amanecer Ste 200

City San Clemente State CA Zip Code 92673-4211

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

Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker

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
 07 / 23 / 2018

Transaction ID : 42532893

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200
 Suite 200

City Torrance State CA Zip Code 90501-3329

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

Name of Employer (for Individual) Keenan 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
 07 / 23 / 2018

Transaction ID : 42532894

Amount of Each Receipt this Period
 600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
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 65 OF 99
<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. Giadrosich, Ron, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 7th Ave S

City Birmingham	State AL	Zip Code 35233-2310
--------------------	-------------	------------------------

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

Name of Employer (for Individual) McGriff, Seibels & Williams, 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
07		23		2018

Transaction ID : 42532895

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8101 N High St # 30

City Columbus	State OH	Zip Code 43235-1406
------------------	-------------	------------------------

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

Name of Employer (for Individual) Dawson Companies	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
07		23		2018

Transaction ID : 42532896

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		23		2018

Transaction ID : 42532897

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).....	

**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 66 OF 99
	<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. Preston, Eric, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200
 Suite 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 42532898
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lucero, Juliet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4204 Riverwalk Pkwy, Ste 400
 Suite 200
 City Riverside State CA Zip Code 92505-3287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 23 / 2018
Transaction ID : 42532899
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Gresham, Tony, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Gresham Lndg
 City Stockbridge State GA Zip Code 30281-6341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmWINS Access Insurance Services Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 42532901
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 67 OF 99
	<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. Cooper, Skip, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Shades Creek Pkwy Ste 600c, ST

City Birmingham	State AL	Zip Code 35209-4543
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AmWINS Brokerage of Alabama	Occupation (for Individual) Insurance Broker
--	---

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
07		24		2018

Transaction ID : 42532902

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42532903

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		24		2018

Transaction ID : 42532904

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 68 OF 99
	<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. Farrell, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 Grandview Ave Ste 400

City Pittsburgh	State PA	Zip Code 15211-4204
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, 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
07		24		2018

Transaction ID : 42532905

Amount of Each Receipt this Period
500.00

Memo Item

B. Palmieri-Wilson, Monique, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2868 Prospect Park Dr Ste 600 Suite 200

City Rancho Cordova	State CA	Zip Code 95670-6066
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42532907

Amount of Each Receipt this Period
700.00

Memo Item

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

Mailing Address 1201 Pacific Ave Ste 1000

City Tacoma	State WA	Zip Code 98402-4321
----------------	-------------	------------------------

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

Name of Employer (for Individual) Propel Insurance	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
07		24		2018

Transaction ID : 42532909

Amount of Each Receipt this Period
300.00

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 69 OF 99
	<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. Cohen, Marc, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1065 Avenue of The Americas
 City New York State NY Zip Code 10018-1878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hub International, Ltd. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 42532910
 Amount of Each Receipt this Period 4000.00
 Memo Item

B. Lickley, Rachel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Calle Amanecer, Suite 200
 City San Clemente State CA Zip Code 92673-4211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 42532914
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Wojcik, Tim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 N Canal St Fl 5
 City Chicago State IL Zip Code 60606-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Agency Ltd. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2018
Transaction ID : 42532916
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4550.00
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 70 OF 99
	<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. Parrish, Thomas, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 27149

City Greenville	State SC	Zip Code 29616-2149
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Carolina Insurance Consultants	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
07		24		2018

Transaction ID : 42532917

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mangapit, Stephen, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		24		2018

Transaction ID : 42532918

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1111 Broadway Suite 2000 Suite 200

City Oakland	State CA	Zip Code 94607-4008
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		24		2018

Transaction ID : 42532919

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 71 OF 99
<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. Walsh, Mark, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Meadowlands Plaza

City East Rutherford	State NJ	Zip Code 07073-2150
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) AEGIS Insurance Services, 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
07	/	25	/	2018

Transaction ID : 42532920

Amount of Each Receipt this Period
500.00

Memo Item

B. Allums, Grady, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8750 N Central Expy 500

City Dallas	State TX	Zip Code 75231-6458
----------------	-------------	------------------------

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

Name of Employer (for Individual) Roach Howard Smith & Barton, Inc.	Occupation (for Individual) Insurance Broker
--	---

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
07	/	25	/	2018

Transaction ID : 42532922

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 20 Commerce Dr Ste 303 Ste 303 Suite 303

City Cranford	State NJ	Zip Code 07016-3617
------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners Inc.	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
07	/	26	/	2018

Transaction ID : 42532923

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1950.00
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 72 OF 99
	<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. Yurick, Lauren, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5985 Home Gardens Dr., Suite A

City Reno	State NV	Zip Code 89502-6276
--------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners	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
07		26		2018

Transaction ID : 42532924

Amount of Each Receipt this Period
500.00

Memo Item

B. Voight, David, A, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 Timber Commons Dr Ste 107

City Sandusky	State OH	Zip Code 44870-7116
------------------	-------------	------------------------

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

Name of Employer (for Individual) Dawson Companies, Sandusky	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
07		26		2018

Transaction ID : 42532925

Amount of Each Receipt this Period
500.00

Memo Item

C. West, Morgan, R, Mr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 Water St Fl 7th

City Oakland	State CA	Zip Code 94607-3547
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Dealey, Renton & Associates	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42532926

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 73 OF 99
	<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. Beckmann, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 Poydras St

City New Orleans	State LA	Zip Code 70130-6101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, 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
07		26		2018

Transaction ID : 42532927

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5201 Johnson Dr Ste 500

City Mission	State KS	Zip Code 66205-2930
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Schifman, Remley & Associates	Occupation (for Individual) Insurance Broker
--	---

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
07		26		2018

Transaction ID : 42532928

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 20 COMMERCE DRIVE
2nd Floor

City Cranford	State NJ	Zip Code 07016-3617
------------------	-------------	------------------------

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

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

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
07		26		2018

Transaction ID : 42532929

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 74 OF 99
	<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. Sullivan, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27455 Bridle Pl

City Chantilly	State VA	Zip Code 20152-6410
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42532930

Amount of Each Receipt this Period
1500.00

Memo Item

B. Wanglin, Ronald, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3475 E Foothill Blvd Ste 100

City Pasadena	State CA	Zip Code 91107-6024
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bolton & Company	Occupation (for Individual) Insurance Broker
---	---

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
07		27		2018

Transaction ID : 42532931

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200 Suite 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Keenan	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
07		27		2018

Transaction ID : 42532932

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4300.00
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 75 OF 99
	<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. Mannebach, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 N Canal St Fl 5

City Chicago	State IL	Zip Code 60606-7221
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency Ltd.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42532933

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd.	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
07		27		2018

Transaction ID : 42532934

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 650 Poydras St Ste 1500

City New Orleans	State LA	Zip Code 70130-7214
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners	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
07		27		2018

Transaction ID : 42532935

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 76 OF 99
	<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. Wright, Bryan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4582 S Ulster St Ste 600

City Denver	State CO	Zip Code 80237-2634
----------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners Colorado	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
07		27		2018

Transaction ID : 42532936

Amount of Each Receipt this Period
1000.00

Memo Item

B. Caswell, Charlie, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 E Paces Ferry Rd NE Ste 2000,

City Atlanta	State GA	Zip Code 30326-1384
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Pritchard & Jerden, 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
07		27		2018

Transaction ID : 42532937

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4582 S Ulster St Ste 600

City Denver	State CO	Zip Code 80237-2634
----------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners Colorado	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
07		27		2018

Transaction ID : 42532938

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 99
<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. Baskind, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Main St Fl 14

City White Plains	State NY	Zip Code 10601-3114
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Assured SKCG, 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
07	/	27	/	2018

Transaction ID : 42532939

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 200 Colonial Center Parkway Ste 15

City Lake Mary	State FL	Zip Code 32746-4704
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, Inc.	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
07	/	27	/	2018

Transaction ID : 42532940

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 123 Main St Fl 14

City White Plains	State NY	Zip Code 10601-3114
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Assured SKCG, Inc.	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
07	/	27	/	2018

Transaction ID : 42532941

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 99
	<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. Poland, Bill, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200
Suite 200

City Torrance State CA Zip Code 90501-3329

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

Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2018

Transaction ID : 42532943

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dunbar, Bruce, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2211 7th Ave S

City Birmingham State AL Zip Code 35233-2310

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

Name of Employer (for Individual) McGriff, Seibels & Williams, Inc. Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2018

Transaction ID : 42532945

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer (for Individual) Assurance Agency, Ltd. Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2018

Transaction ID : 42532946

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 79 OF 99
	<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. Eshelman, Jay, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 S Main

City Tulsa	State OK	Zip Code 74119-3218
---------------	-------------	------------------------

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

Name of Employer (for Individual) Arthur J. Gallagher Risk Management Se	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
07		27		2018

Transaction ID : 42532947

Amount of Each Receipt this Period
1000.00

Memo Item

B. Obenauer, Samuel, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Interpace Pkwy Ste 4

City Parsippany	State NJ	Zip Code 07054-1132
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CRC Insurance Services, Inc.	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
07		27		2018

Transaction ID : 42532948

Amount of Each Receipt this Period
1000.00

Memo Item

C. Dunn, Sandra, E, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5925 Carnegie Blvd Ste 400

City Charlotte	State NC	Zip Code 28209-4659
-------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T 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
07		27		2018

Transaction ID : 42532949

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 80 OF 99
<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. Elliott, Jerry, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13515 Bell Tower Dr

City Fort Myers	State FL	Zip Code 33907-5944
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BB&T Insurance Holdings, 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
07	/	27	/	2018

Transaction ID : 42532950

Amount of Each Receipt this Period
250.00

Memo Item

B. Schilling, Tara, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200

City Torrance	State CA	Zip Code 90501-3329
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : 42532951

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 500 Office Center Dr Ste 400

City Ft Washington	State PA	Zip Code 19034-3234
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners, 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
07	/	27	/	2018

Transaction ID : 42532954

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 99
	<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. Jenkins, Edwin, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4041 Essen Ln Ste 400
 City Baton Rouge State LA Zip Code 70809-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright & Percy BancorpSouth 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
 07 / 27 / 2018
Transaction ID : 42532955
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Rehak, Jamie, J, Mr., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Services 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
 07 / 30 / 2018
Transaction ID : 42532956
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Crerar, Ken, A, 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 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3124.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : 42532957
 Amount of Each Receipt this Period
 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1208.33
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 82 OF 99
	<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 701 Pennsylvania Ave NW Ste 750, S
 City Washington State DC Zip Code 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2018**
Transaction ID : 42532958
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Kiley, Alycia, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Ste 750, S
 City Washington State DC Zip Code 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **294.00**

Date of Receipt **07 / 31 / 2018**
Transaction ID : 42532959
 Amount of Each Receipt this Period **21.00**
 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 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1508.24**

Date of Receipt **07 / 31 / 2018**
Transaction ID : 42532960
 Amount of Each Receipt this Period **104.16**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.16
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 83 OF 99
	<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. Urso, Jennifer, , 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

Transaction ID : 42532961

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Ste 750

City Washington	State DC	Zip Code 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) Director of Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

Transaction ID : 42532962

Amount of Each Receipt this Period
25.00

Memo Item

C. Kopperud, Joel, T, 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

Transaction ID : 42532963

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	145.83
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 84 OF 99
	<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. Wood, Joel, , 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3194.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532964

Amount of Each Receipt this Period
208.33

Memo Item

B. Staley, Paula, J, 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 20004-2661
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents & Brokers,	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532965

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address PO Box 5002

City Alamosa	State CO	Zip Code 81101-7012
-----------------	-------------	------------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532968

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.16
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 85 OF 99
	<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. Callister, Joseph, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 216 S 200 W, Suite 301

City Cedar City	State UT	Zip Code 84720-3207
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532969

Amount of Each Receipt this Period
2.00

Memo Item

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

Mailing Address 1740 Calle De Mercado Ste E

City Mesilla	State NM	Zip Code 88046-4622
-----------------	-------------	------------------------

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532974

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 7881 W Charleston Blvd Ste 140

City Las Vegas	State NV	Zip Code 89117-8326
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42532988

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 86 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 72 Suttle St Unit L

City Durango	State CO	Zip Code 81303-6829
-----------------	-------------	------------------------

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 ▼
 231.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2018

Transaction ID : 42533000

Amount of Each Receipt this Period
 16.50

Memo Item

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	16.50
TOTAL This Period (last page this line number only).....	131443.51

**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. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City Miami State FL Zip Code 33173

Purpose of Disbursement

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

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

State: FL District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454767

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Category/
Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

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

State: TX District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454768

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

Category/
Type

Candidate Name

Paulsen, Erik, P., Rep.,

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

State: MN District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454789

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. Tina Smith for Minnesota

Mailing Address PO Box 14362

City
Saint Paul

State
MN

Zip Code
55114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Tina, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MN

District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C00663781

Transaction ID : 42454790

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thunderbolt PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City
Athens

State
GA

Zip Code
30605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C00574376

Transaction ID : 42454791

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Talley Sergent For West Virginia

Mailing Address PO Box 131

City
Charleston

State
WV

Zip Code
25321

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sergent, Talley, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WV

District: 02

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C00650176

Transaction ID : 42454792

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. McCaskill For Missouri

Mailing Address PO Box 300077

City
St Louis

State
MO

Zip Code
63130

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCaskill, Claire, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MO

District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00431304

Transaction ID : 42454793

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Menendez For Senate

Mailing Address PO Box 32248

City
Newark

State
NJ

Zip Code
07102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Menendez, Robert, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NJ

District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00264564

Transaction ID : 42454794

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IN

District: 02

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00468579

Transaction ID : 42454795

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**

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. Graves For Congress

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

Category/Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: GA District: 14

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454796

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Upper Hand Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454797

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Al Lawson For Congress

Mailing Address 400 North Adams St.

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

Category/Type

Candidate Name

Lawson, Al, , Rep., Jr.

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: FL District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42454798

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. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00226522

Transaction ID : 42454799

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Mailing Address P.O. Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00401034

Transaction ID : 42454810

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Norcross, Donald, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00558320

Transaction ID : 42454811

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)..... ▶

12500.00

**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. Steve Chabot For Congress

Mailing Address 2300 Montana Avenue
Suite 306

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chabot, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00301838

Transaction ID : 42454812

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
07 / 13 / 2018

FEC Identification Number

C C00499947

Transaction ID : 42454813

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ted Budd For Congress

Mailing Address PO Box 97127

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Budd, Theodore, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00614776

Transaction ID : 42454814

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**

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. BLAINE PAC

Mailing Address PO Box 96

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement

011

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
0	7		1	3		2	0	1	8

FEC Identification Number

C00489427

Transaction ID : 42454815

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City
Tifton

State
GA

Zip Code
31793

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, Austin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	8

FEC Identification Number

C00482737

Transaction ID : 42454816

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	8

FEC Identification Number

C00521948

Transaction ID : 42454817

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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. Steve Knight For Congress

Mailing Address PO Box 730

City
Hilmar

State
CA

Zip Code
95324

Purpose of Disbursement

011

Category/
Type

Candidate Name

Knight, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00554014

Transaction ID : 42454818

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. John S Fund

Mailing Address 499 South Capitol St, SW
Suite 420

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2018

FEC Identification Number

C C00390831

Transaction ID : 42454819

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marco Rubio For US Senate

Mailing Address PO Box 140420

City
Miami

State
FL

Zip Code
33114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rubio, Marco, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C C00458844

Transaction ID : 42454820

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

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

A. Reclaim America PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7557

City Arlington State VA Zip Code 22207

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 07 / 13 / 2018

FEC Identification Number: C00500025
Transaction ID : 42454821
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. SASSE PAC

Full Name (Last, First, Middle Initial)

Mailing Address 332 W LEE HWY # 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 07 / 17 / 2018

FEC Identification Number: C00571802
Transaction ID : 42454822
Amount of Each Disbursement this Period: 3500.00

Memo Item

C. Lea Marquez Peterson For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40935

City Tucson State AZ Zip Code 85717

Purpose of Disbursement 011 Category/Type

Candidate Name
Marquez Peterson, Lea, , ,

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

State: AZ District: 02

Date of Disbursement: 07 / 16 / 2018

FEC Identification Number: C00663054
Transaction ID : 42454823
Amount of Each Disbursement this Period: 1000.00

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. Maria Elvira Salazar For Congress

Mailing Address P.O. Box 558033

City
Miami

State
FL

Zip Code
33255

Purpose of Disbursement

011

Category/
Type

Candidate Name

Salazar, Maria, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

FEC Identification Number

C C00671859

Transaction ID : 42454824

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	8

FEC Identification Number

C C00546846

Transaction ID : 42455810

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Battleground PAC

Mailing Address PO Box 98628

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement

011

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
0	7		2	5		2	0	1	8

FEC Identification Number

C C00615492

Transaction ID : 42533025

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

**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

A. Kaine For Virginia

Full Name (Last, First, Middle Initial)
Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 011 Category/Type

Candidate Name **Kaine, Tim, , Sen.,**

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

State: VA District:

Date of Disbursement: 07 / 25 / 2018

FEC Identification Number: **C00495358**
Transaction ID : 42533026
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Friends Of Erik Paulsen

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement 011 Category/Type

Candidate Name **Paulsen, Erik, P., Rep.,**

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

State: MN District: 03

Date of Disbursement: 07 / 18 / 2018

FEC Identification Number: **C00439661**
Transaction ID : 42533027
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. AX PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 07 / 18 / 2018

FEC Identification Number: **C00506535**
Transaction ID : 42533078
Amount of Each Disbursement this Period: 1000.00

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. Electing Majority Making Effective Republicans

Mailing Address PO Box 183

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C00592089

Transaction ID : 42533105

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today PAC

Mailing Address 499 South Capitol St, SW
Ste. 420

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C00491654

Transaction ID : 42533106

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Gonzalez For Congress

Mailing Address 9856 Archer Lane

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gonzalez, Anthony, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH

District: 16

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C00654079

Transaction ID : 42533108

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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

84000.00