

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Independent Insurance Agents & Brokers of America, Inc. Political Action Committ- ee (Insu

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 11 19 2009

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		200491.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	309045.11									
(c) Total Receipts (from Line 19)	66212.00	859098.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	375257.11	1059589.42								
7. Total Disbursements (from Line 31)	51339.38	735671.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	323917.73	323917.73								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	40422.00	590554.50
(ii) Unitemized	25790.00	262543.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66212.00	853098.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	66212.00	853098.00
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	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	66212.00	859098.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66212.00	859098.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	719750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1385.00
(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	1385.00
29. Other Disbursements.....	839.38	14536.69
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51339.38	735671.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51339.38	735671.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	66212.00	853098.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66212.00	851713.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
C. Tim White

Mailing Address 706 W Main St

City State Zip Code
Russellville AR 72801-3617

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

Name of Employer Occupation
Brown and Brown of Russel- Executive Vice President
ville

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8267655

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jerry Nicklow

Mailing Address 8349 Ritchie Hwy

City State Zip Code
Pasadena MD 21122-3935

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

Name of Employer Occupation
W Ray Huff & Associates, Operations Manager
Inc.

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8267660

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard A. Poppa

Mailing Address 5784 Widewaters Pkwy 1st Fl

City State Zip Code
Syracuse NY 13214-1890

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

Name of Employer Occupation
Ind Ins Agents & Brokers Chief Executive Officer
of New York I

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8267665

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Clifton H Rosenberry		Date of Receipt
	Mailing Address 477 Ashford Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Ardsley	NY	10502-2117
	FEC ID number of contributing federal political committee. C		Transaction ID: 8267666
Name of Employer McCartney & Rosenberry Group, Inc.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Louis O. Blosch		Date of Receipt
	Mailing Address 9726 E 42nd St # 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Tulsa	OK	74146-3621
	FEC ID number of contributing federal political committee. C		Transaction ID: 8267670
Name of Employer Louis Blosch Agency		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) John L Paul		Date of Receipt
	Mailing Address 3491 Shelby Ray Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Charleston	SC	29414-5838
	FEC ID number of contributing federal political committee. C		Transaction ID: 8267672
Name of Employer Anderson Insurance Associates, LLC		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial)
Janet Noteboom
Mailing Address 141 W 3rd St
City State Zip Code
Winner SD 57580-1707
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
The Insurance Center Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9
Transaction ID: 8267674
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Matt Berry, Sr
Mailing Address 1615 Guadalupe St
City State Zip Code
Austin TX 78701-1212
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
William Gammon Insurance Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9
Transaction ID: 8267675
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Gammon, III
Mailing Address 1615 Guadalupe St
City State Zip Code
Austin TX 78701-1212
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
William Gammon Insurance Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9
Transaction ID: 8267677
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial)
Dan Ramsey

Mailing Address 1000 NW 50th Street

City State Zip Code
Oklahoma City OK 73118-6081

FEC ID number of contributing federal political committee. C

Name of Employer
Independent Insurance Age-
nts of Oklaho

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8272683

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Glenn S. Lebby

Mailing Address 25 N Mill Street Suite 401

City State Zip Code
New Castle PA 16101-3722

FEC ID number of contributing federal political committee. C

Name of Employer
Williams-Cleveland Compa-
ny

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8272685

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Don Morriss

Mailing Address 518 Pine Street

City State Zip Code
Texarkana TX 75501-5515

FEC ID number of contributing federal political committee. C

Name of Employer
Offenhauser & Co

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 8272686

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Denis Marsh		Date of Receipt MM / DD / YYYY 10 / 06 / 2009		
	Mailing Address 506 NE 4th Ave		Transaction ID: 8272688		
	City Camas	State WA	Zip Code 98607-2105	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nies Insurance Agency Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) John C. Dark		Date of Receipt MM / DD / YYYY 10 / 13 / 2009		
	Mailing Address P O Box 506		Transaction ID: 8299972		
	City Alexander City	State AL	Zip Code 35011-0506	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dark Insurance Agency, In- c.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Josh Estelle		Date of Receipt MM / DD / YYYY 10 / 13 / 2009		
	Mailing Address 1220 Broad St		Transaction ID: 8299974		
	City New Castle	State IN	Zip Code 47362-4509	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pfenninger Agcy Inc	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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 11 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 348 Main St

City Farmingdale State NY Zip Code 11735-3507

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

Name of Employer Wharton B. Allen Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009

Transaction ID: 8299977

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Stephen C. Marsh

Mailing Address 1260 Nilles Rd Ste 2

City Fairfield State OH Zip Code 45014-7222

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

Name of Employer Preferred Protectors Ins Agcy Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009

Transaction ID: 8299980

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
John Braddy

Mailing Address 300 W Harrison St

City Dillon State SC Zip Code 29536-3312

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

Name of Employer Braddy Insurance, Inc Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 10 / 13 / 2009

Transaction ID: 8299981

Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 65
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Daniel T Cooper, Sr.

Mailing Address 67 Creekside Park Ct

City Greenville State SC Zip Code 29615-4810

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

Name of Employer Capstone Insurance Services, LLC Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2009

Transaction ID: 8299982

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
G Frank Sheppard

Mailing Address 800 Gracern Rd

City Columbia State SC Zip Code 29210-7693

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

Name of Employer Ind Ins Agts & Brokers of South Caroli Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 13 / 2009

Transaction ID: 8299986

Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Ashley Brady

Mailing Address 204 N Main St

City Marion State SC Zip Code 29571-3026

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

Name of Employer First Charter Company, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 10 / 14 / 2009

Transaction ID: 8300492

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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 13 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Larry G Joyner	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 2000 E Main St	Transaction ID: 8300496
	City State Zip Code Spartanburg SC 29307-1428	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer C W S Insurance Agency, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

B.	Full Name (Last, First, Middle Initial) Gary Cornell	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 2141 Enterprise Drive	Transaction ID: 8300498
	City State Zip Code Florence SC 29501-1105	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Rate Premium Finance	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

C.	Full Name (Last, First, Middle Initial) Tammera S. Marrs	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 201 Starr Ave	Transaction ID: 8300695
	City State Zip Code Miltonvale KS 67466	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ayres Insurance Agency, LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	310.00
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 14 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Al Shank, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9		
	Mailing Address 24 W 2nd St		Transaction ID: 8300696		
	City Liberal	State KS	Zip Code 67901-3718	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Al Shank Insurance, Inc.		Occupation Owner		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Roger L. Winfrey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9		
	Mailing Address 220 N Main Ste 440		Transaction ID: 8300697		
	City Eureka	State KS	Zip Code 67045-1304	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Insurance Planning Center, Inc.		Occupation Insurance Agent		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Peter M. Gingras		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9		
	Mailing Address One Market Square Suite 201		Transaction ID: 8300699		
	City Augusta	State ME	Zip Code 04330-4637	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Macomber Farr & Whitten		Occupation Vice President		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Glen Davis	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 160 Gould St Ste 130	Transaction ID: 8300700
	City State Zip Code Needham Heights MA 02494-2300	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Provider Insurance Group, Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Charles Robert Moseley	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 1345 Lake Murray Blvd	Transaction ID: 8300726
	City State Zip Code Irmo SC 29063-2839	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Irmo Insurance Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Richard A. Farmar III	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 5682 Richmond Rd	Transaction ID: 8300730
	City State Zip Code Warsaw VA 22572-0010	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer B H Baird Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	650.00
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 16 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Cindy Lirette	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 304 Corporate Dr Ste E	Transaction ID: 8300738
	City Houma State LA Zip Code 70360-2458	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer USI Gulf Coast, Inc. Occupation SR. V.P. of Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Michael McGrath	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 12800 Long Beach Blvd	Transaction ID: 8300741
	City Long Beach Townshi State NJ Zip Code 08008-2839	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Van Dyk Group Occupation AAI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Bernard McKenzie	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 2201 Forsythe Ave	Transaction ID: 8300743
	City Monroe State LA Zip Code 71201-3643	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Community Financial Insurance Center, Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	117.00
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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) James F. Tullis		Date of Receipt
	Mailing Address 1645 San Marco Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Jacksonville	FL	32207-1022
	FEC ID number of contributing federal political committee. C		Transaction ID: 8300869
Name of Employer James F. Tullis & Associates, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Andrew J. Valdivia		Date of Receipt
	Mailing Address 807 Arizona Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Santa Monica	CA	90401-1805
	FEC ID number of contributing federal political committee. C		Transaction ID: 8300871
Name of Employer White & Company Insurance, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) John E. Putnam		Date of Receipt
	Mailing Address 2473 Craycroft Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Colorado Springs	CO	80920-1417
	FEC ID number of contributing federal political committee. C		Transaction ID: 8300872
Name of Employer Putnam		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 65
(check only one)

<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
							17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Nathan Riedel

Mailing Address 127 South Peyton Street

City State Zip Code
Alexandria VA 22314-2879

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

Name of Employer
Independent Insurance Age-
nts & Brokers

Occupation
Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300873

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Lawrence Harvey

Mailing Address 1023 state rd

City State Zip Code
Interlachen FL 32148-3017

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

Name of Employer
Harvey Insurance Agency,
Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300876

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Rick Russell

Mailing Address 5050 Ritter Rd

City State Zip Code
Mechanicsburg PA 17055-4879

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

Name of Employer
Insurance Agents & Brokers
Service Gro

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300877

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Tom Koonce		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9		
	Mailing Address 127 South Peyton Street		Transaction ID: 8300880		
	City Alexandria	State VA	Zip Code 22314-2879	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts & Brokers	Occupation Assistant Vice President	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Todd C. Henricks		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9		
	Mailing Address 103 S Jackson St		Transaction ID: 8300883		
	City Cerro Gordo	State IL	Zip Code 61818-0110	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chapman-Henricks Ins Agcy Inc	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 1200.00		

C.	Full Name (Last, First, Middle Initial) Allan B. Webb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9		
	Mailing Address 310 Caverns Drive		Transaction ID: 8300888		
	City Calhoun	State GA	Zip Code 30701-4744	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Graham-Naylor Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 306 Water St

City State Zip Code
Mosinee WI 54455-1458

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

Name of Employer Mosinee Insurance Agency, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2009

Transaction ID: 8300891

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Bev J. Barney

Mailing Address 259 E Walnut Street

City State Zip Code
Frankfort IN 46041-2670

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

Name of Employer Coapstick Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 15 / 2009

Transaction ID: 8300894

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Michael S. Rifkin

Mailing Address 1499 Blake Street # 2G

City State Zip Code
Denver CO 80202-1356

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

Name of Employer Rifkin Insurance Assocs Inc Occupation Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 15 / 2009

Transaction ID: 8300897

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 21 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
James J. Byrnes, III

Mailing Address 77 cady lane

City State Zip Code
Woodstock CT 06281-1800

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

Name of Employer
Byrnes Agency, Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300899

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Brett A. Schultheis

Mailing Address 32 N Weinbach Ave

City State Zip Code
Evansville IN 47711-6004

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

Name of Employer
Schultheis Insurance Agen-
cy, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300900

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dino C. Gavanis

Mailing Address 127 N Walnut Ave

City State Zip Code
Itasca IL 60143-1729

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

Name of Employer
Premier Risk Services, In-
c.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 8300902

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **340.00**

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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Doreen K. Courtheyn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 500 E New York Ave		Transaction ID: 8300904
	City State Zip Code Deland FL 32724-6041	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
	Name of Employer Page Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Madelyn Flannagan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 127 South Peyton Street		Transaction ID: 8300906
	City State Zip Code Alexandria VA 22314-2879	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
	Name of Employer Independent Insurance Age- nts & Brokers	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Betsy McClain		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9
	Mailing Address 5775 Glenridge Dr NE Ste B400		Transaction ID: 8300910
	City State Zip Code Atlanta GA 30328-7133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
	Name of Employer Tanner Ballew & Maloof, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Bruce Gasaway

Mailing Address 1014 Hwy 165

City Dumas State AR Zip Code 71639-2812

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

Name of Employer First AR Insurance of Dum-
as Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650572

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paul Troy

Mailing Address P O Box 3066

City Stamford State CT Zip Code 06905-0066

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

Name of Employer Troy Insurance, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650574

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jill Levy

Mailing Address 2900 SW 149 Ave Ste 100

City Miramar State FL Zip Code 33027-6605

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

Name of Employer Tanenbaum-Harber Of Flori-
da, LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650579

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Scott A. DeSousa	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 880 Locust St Ste 200	Transaction ID: 8650593
	City State Zip Code Dubuque IA 52001-6700	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Friedman Insurance, Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) SueAnn V. Schultz	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 1251 SW Arrowhead Rd Ste C	Transaction ID: 8650598
	City State Zip Code Topeka KS 66604-4061	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation IMA of Kansas, Inc. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dennis F. Murphy, Jr	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 50 Main St	Transaction ID: 8650609
	City State Zip Code Hudson MA 01749-2134	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation D F Murphy Insurance Agen- Insurance Agent cy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) James Byrne		Date of Receipt	
	Mailing Address 5200 New Jersey Ave		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8650610
	Wildwood	NJ	08260-1449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer J. Byrne Agency, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Leslie L. Cate		Date of Receipt	
	Mailing Address 415 High St		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8650616
	Maryville	TN	37804-5830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Cate-Russell Insurance, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Thomas Chappell		Date of Receipt	
	Mailing Address 1109 Harpeth Industrial Ct		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8650617
	Franklin	TN	37064-2223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Chappell Smith & Associates, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Edward Gibbons		Date of Receipt
	Mailing Address 201 W Watauga Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	City	State	Zip Code
	Johnson City	TN	37604-5623
	FEC ID number of contributing federal political committee. C		Transaction ID: 8650619
Name of Employer Watauga Insurance, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Bob Markus		Date of Receipt
	Mailing Address 117 W Gaines St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	City	State	Zip Code
	Lawrenceburg	TN	38464-3630
	FEC ID number of contributing federal political committee. C		Transaction ID: 8650620
Name of Employer Markus Insurance Agency, Inc.-Lawrence		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Raymond L. Oakes, III		Date of Receipt
	Mailing Address 1900 Winston Rd Ste 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	City	State	Zip Code
	Knoxville	TN	37919-3605
	FEC ID number of contributing federal political committee. C		Transaction ID: 8650621
Name of Employer TIS Insurance Services, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial) Stephen Oseman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
Mailing Address 6750 Poplar Ave # 410		Transaction ID: 8650622
City Memphis	State TN	Zip Code 38138-7443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oseman Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jack Ray		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
Mailing Address 1312 Main St		Transaction ID: 8650623
City Humboldt	State TN	Zip Code 38343-3328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jack Ray Insurance Agency - Humboldt	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Robert Sain		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
Mailing Address 800 West Market St		Transaction ID: 8650624
City Bolivar	State TN	Zip Code 38008-1819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bolivar Insurance & Real Estate Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
John Uitendaal

Mailing Address 104 E Main St

City State Zip Code
Newbern TN 38059-1576

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

Name of Employer Southern Dutchman Corpora-
tion Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650625

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark J. Sodden

Mailing Address 24277 E Glasgow Circle

City State Zip Code
Aurora CO 80231-4918

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

Name of Employer All Colorado Insurance Se-
rvices, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650847

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bryan E. Craig

Mailing Address 101 E Main

City State Zip Code
Jerome ID 83338-2332

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

Name of Employer Prescott & Craig Insuranc-
e, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650849

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Marc Katz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	Mailing Address 1 Blue Hill Plaza Ste 530		Transaction ID: 8650864		
	City Pearl River	State NY	Zip Code 10965-3100	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Mechanic Group, Inc.	Occupation Principal	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Robert C Kirkwood		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	Mailing Address 91 Washington Ave		Transaction ID: 8650865		
	City Pleasantville	State NY	Zip Code 10570-2846	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Robert T Kirkwood, Inc.	Occupation Principal	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Thomas C. Lowe		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	Mailing Address 5 Harnel Ct		Transaction ID: 8650870		
	City Baldwin	State MD	Zip Code 21013-9616	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tidewater Insurance Assoc- iates, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 30 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
A William Bailey, Jr

Mailing Address P O Box 298

City State Zip Code
Waco TX 76703-0298

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

Name of Employer Occupation
Bailey Insurance & Financial Services Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650874

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Don McQuary

Mailing Address 615 5th St

City State Zip Code
Clarkston WA 99403-1970

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

Name of Employer Occupation
Stonebraker McQuary Agency President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650878

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
J. Christopher J Pallotta

Mailing Address 104 Adams St

City State Zip Code
Fairmont WV 26554-2824

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650880

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) David G. Perry		Date of Receipt		
	Mailing Address 3205 N 90th St Suite # 109		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	City Omaha	State NE	Zip Code 68134-4714	Transaction ID: 8650881	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00		
	Name of Employer BW Insurance Agency, Inc.	Occupation Sale Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
525.00

B.	Full Name (Last, First, Middle Initial) Katie A. Kochenower		Date of Receipt		
	Mailing Address 2210 20th St		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	City Gering	State NE	Zip Code 69341-2050	Transaction ID: 8650882	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00		
	Name of Employer The Writer Agency	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
925.00

C.	Full Name (Last, First, Middle Initial) Mark Lisko		Date of Receipt		
	Mailing Address 7602 Pacific Street # 201		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	City Omaha	State NE	Zip Code 68114-5405	Transaction ID: 8650883	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.00		
	Name of Employer Insurance Planning Associ- ates LLP	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
670.00

SUBTOTAL of Receipts This Page (optional)	▶	670.00
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 32 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Chris Ray

Mailing Address 758 2nd St

City State Zip Code
Chappell NE 69129-6876

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

Name of Employer Federal Crop Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650884

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Russell S Koehler

Mailing Address 519 E Broadway

City State Zip Code
Wausa NE 68786-1559

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

Name of Employer Wausa Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650885

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Jan Christensen

Mailing Address 219 Howard Ave

City State Zip Code
Saint Paul NE 68873-2120

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

Name of Employer Christensen Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: 8650886

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 33 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Renee Hennings

Mailing Address 1529 Lincoln

City Blair State NE Zip Code 68008-2049

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

Name of Employer Blair Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 8650888
Amount of Each Receipt this Period: 230.00

B.

Full Name (Last, First, Middle Initial)
Edward S. Mark

Mailing Address 119 S Exeter Ave

City Exeter State NE Zip Code 68351-0098

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

Name of Employer First National Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 8650889
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Larry Anderson

Mailing Address 1121 N Cotner Blvd

City Lincoln State NE Zip Code 68505-1835

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

Name of Employer Anderson Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: 8650890
Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ► **555.00**

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 34 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Michael M. Meacham	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 6128 Havelock Avenue	Transaction ID: 8650891
	City State Zip Code Lincoln NE 68507-1233	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer All American Insurance, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Nichole Simms	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 6940 O St	Transaction ID: 8650892
	City State Zip Code Lincoln NE 68510-2499	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Hull & Co.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mark Weidner	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 109 Pine St	Transaction ID: 8650893
	City State Zip Code Lindsay NE 68644-4625	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Town & Country Agency, In- c.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	1685.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Gregory Schmall		Date of Receipt	
	Mailing Address 1320 Mumm Rd		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8650895
	Ashland	NE	68003-6205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		275.00	
Name of Employer Rural Community Insurance Services		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

B.	Full Name (Last, First, Middle Initial) Elaine Wagener		Date of Receipt	
	Mailing Address 800 N Main St		M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8655311
	Antioch	IL	60002-1542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Wagener Insurance Agency		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		135.00		

C.	Full Name (Last, First, Middle Initial) Robert R. Dillow		Date of Receipt	
	Mailing Address 3000 Division St		M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8655312
	Evansville	IN	47711-6821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Torian, Hofmann Dillow & Flittner		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	625.00
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 36 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Dennis Donnelly

Mailing Address 601 1st St W

City Independence State IA Zip Code 50644-2407

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

Name of Employer Smith D & L Agency Inc Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2009
Transaction ID: 8655314
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Steven J. Aronson

Mailing Address 950 Highland Ave

City Needham Heights State MA Zip Code 02494-1256

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

Name of Employer Aronson Insurance Agency Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2009
Transaction ID: 8655318
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Michael E Jones

Mailing Address 128 N. Sixth St.

City Seward State NE Zip Code 68434-2072

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 22 / 2009
Transaction ID: 8655405
Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 37 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
John F Murray

Mailing Address 99 Troy Rd

City State Zip Code
East Greenbush NY 12061-1027

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

Name of Employer Occupation
Rose & Kiernan, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655407

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Daniel Church

Mailing Address P O Box 511

City State Zip Code
Concord NH 03302-0511

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

Name of Employer Occupation
The Rowley Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655409

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
David Pearsall

Mailing Address PO Box 2536

City State Zip Code
Chapel Hill NC 27515-2536

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

Name of Employer Occupation
Business Insurers of the Carolinas Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655411

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)

Mike Davis

Mailing Address 3110 South First Street

City State Zip Code
Lufkin TX 75901-7172

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

Name of Employer Occupation
Davis Insurance Agency, CEO
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655416

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Earl Davis

Mailing Address PO Box 910

City State Zip Code
Bluefield WV 24701-0910

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

Name of Employer Occupation
Davis, Litton, Harman Ins- President
urance Agency

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655417

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Philip F Winkelmann

Mailing Address 11132 O Street

City State Zip Code
Omaha NE 68137-2336

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

Name of Employer Occupation
Omaha Insurance Services, Insurance Agent
Inc.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 530.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8655420

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional) ▶

780.00

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 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Jim Murphy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 9		
	Mailing Address 706 W Main St		Transaction ID: 8670574		
	City Russellville	State AR	Zip Code 72801-3617	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Brown and Brown of Russel-ville		
Occupation Account Executive		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

B.	Full Name (Last, First, Middle Initial) Carole Marcinkus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 9		
	Mailing Address 127 N Walnut Ave		Transaction ID: 8670577		
	City Itasca	State IL	Zip Code 60143-1729	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Premier Risk Services, In-c.		
Occupation Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

C.	Full Name (Last, First, Middle Initial) Anna Byers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 9		
	Mailing Address 101 South 4th Street		Transaction ID: 8670584		
	City Artesia	State NM	Zip Code 88210-2177	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer J S Ward & Son, Inc.		
Occupation Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 65
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Terrence Cavanaugh

Mailing Address 100 Erie Insurance Place

City State Zip Code
Erie PA 16535

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

Name of Employer Occupation
Erie Insurance Company CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670592

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Michael Descant

Mailing Address 10055 West Gulf Bank

City State Zip Code
Houston TX 77040-3158

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

Name of Employer Occupation
Brady Chapman Holland & Associates, In Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670599

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mark Bauer

Mailing Address 10055 West Gulf Bank

City State Zip Code
Houston TX 77040-3158

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

Name of Employer Occupation
Brady Chapman Holland & Associates, In Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670601

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 41 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Mark Bauer		Date of Receipt
	Mailing Address 10055 West Gulf Bank		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77040-3158
	FEC ID number of contributing federal political committee. C		Transaction ID: 8670602
Name of Employer Brady Chapman Holland & Associates, In		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Jeffrey L Brady		Date of Receipt
	Mailing Address 10055 West Gulf Bank		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77040-3158
	FEC ID number of contributing federal political committee. C		Transaction ID: 8670604
Name of Employer Brady Chapman Holland & Associates, In		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Timothy J. Brady		Date of Receipt
	Mailing Address 10055 West Gulf Bank		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77040-3158
	FEC ID number of contributing federal political committee. C		Transaction ID: 8670605
Name of Employer Brady Chapman Holland & Associates, In		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Edwin W. Chapman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address 10055 West Gulf Bank	Transaction ID: 8670609
	City State Zip Code Houston TX 77040-3158	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brady Chapman Holland & Associates, In	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Marianna Grimes Chapman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address 1651 Broadway	Transaction ID: 8670610
	City State Zip Code Lubbock TX 79401-3120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Grimes Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Charles E. Comiskey	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address 10055 West Gulf Bank	Transaction ID: 8670612
	City State Zip Code Houston TX 77040-3158	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brady Chapman Holland & Associates, In	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Kevin L Comiskey		Date of Receipt	
	Mailing Address 10055 West Gulf Bank		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8670613
	Houston	TX	77040-3158	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Brady Chapman Holland & Associates, In		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Kelly Wayne Gerland		Date of Receipt	
	Mailing Address 10055 West Gulf Bank		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8670618
	Houston	TX	77040-3158	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Brady Chapman Holland & Associates, In		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Paul Reid Goan		Date of Receipt	
	Mailing Address 10055 West Gulf Bank		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8670619
	Houston	TX	77040-3158	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Brady Chapman Holland & Associates, In		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 44 / 65
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Craig Stover

Mailing Address 716 S Madison St
PO Box 190

City State Zip Code
Madisonville TX 77864-1958

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

Name of Employer Stover & Crouch Ins Agcy Inc
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670639

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lee Southworth

Mailing Address 10055 West Gulf Bank

City State Zip Code
Houston TX 77040-3158

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

Name of Employer Brady Chapman Holland & Associates, In
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670640

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Edward L. Weeren

Mailing Address 300 Highland Center # 20878752
PO Box 14444

City State Zip Code
Austin TX 78761-4444

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

Name of Employer Ed Weeren Insurance Agency
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 8670641

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Ronald Louis Wininger	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address 10055 West Gulf Bank	Transaction ID: 8670643
	City State Zip Code Houston TX 77040-3158	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brady Chapman Holland & Associates, In	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mickey A Youngblood	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address 10055 West Gulf Bank	Transaction ID: 8670644
	City State Zip Code Houston TX 77040-3158	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brady Chapman Holland & Associates, In	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Stan Strecker	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Mailing Address 108 E 3rd Street	Transaction ID: 8671261
	City State Zip Code Meridian ID 83642-2718	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Meridian Insurance Agency, LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 65
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Gwathmey Tyler

Mailing Address 137 W Muhammad Ali Blvd # 200

City State Zip Code
Louisville KY 40202-1429

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

Name of Employer Sterling G. Thompson Comp- any
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671265

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard D. Cooper

Mailing Address 12002 Pacific St

City State Zip Code
Omaha NE 68154-3507

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

Name of Employer NP Dodge Insurance Agency, Inc.
Occupation CIC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671272

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Jeff Haney

Mailing Address 4000 Park Rd

City State Zip Code
Charlotte NC 28209-2274

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

Name of Employer Edwards, Church & Muse, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671274

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Jenny Wood

Mailing Address PO Box 54017

City State Zip Code
Oklahoma City OK 73154-2017

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

Name of Employer One General Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671279

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address One Park Lane Central Park

City State Zip Code
Hilton Head Island SC 29938-5159

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

Name of Employer BB&T/ Carswell Insurance Services Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671281

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1580 Utah Ave SE

City State Zip Code
Huron SD 57350-4115

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

Name of Employer American Trust Insurance, LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671286

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Jack E Miller

Mailing Address 300 Cherapa Place STE 601

City State Zip Code
Sioux Falls SD 57103-2277

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

Name of Employer Howalt-McDowell Insurance, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671288

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Chuck E. Williamson

Mailing Address 116 20th Ave S

City State Zip Code
Nashville TN 37203-2409

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

Name of Employer Bandy Van Cleave & Williamson LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671293

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
John Barnard, Jr

Mailing Address 1100 8th St

City State Zip Code
Wichita Falls TX 76301-2316

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

Name of Employer Barnard Insurance Group Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671294

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Scott Finks		Date of Receipt	
	Mailing Address 1200 West Fwy Ste 200		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8671297
	Fort Worth	TX	76102-5928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lucien Wright Insurance Services, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Robert W. Hempkins		Date of Receipt	
	Mailing Address 431 W Crawford		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8671304
	Denison	TX	75021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Hempkins Insurance		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Bill Merritt		Date of Receipt	
	Mailing Address 1200 West Fwy Ste 200		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8671306
	Fort Worth	TX	76102-5928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lucien Wright Insurance Services, Inc.		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 50 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Kenneth W. Threlkeld

Mailing Address 515 WSW Loop 323

City Tyler State TX Zip Code 75701-9455

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

Name of Employer Threlkeld & Company Insurance
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2009
Transaction ID: 8671308
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Mike Victorson

Mailing Address 3113 West Beltline Hwy

City Madison State WI Zip Code 53713-2830

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

Name of Employer M3 Insurance Solutions for Business
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2009
Transaction ID: 8671312
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ryan Fenchel

Mailing Address 14107 Winchester Blvd Ste V

City Los Gatos State CA Zip Code 95032-1836

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

Name of Employer Integra Insurance Services, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2009
Transaction ID: 8671449
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Michael J. Randles

Mailing Address 1622 S Gaffey St

City State Zip Code
San Pedro CA 90731-4658

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

Name of Employer Insurance Center Associates, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671451

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Trina Garvin

Mailing Address 735 Woodmere Ave

City State Zip Code
Traverse City MI 49686-3348

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

Name of Employer Fitzmaurice Garvin Agency Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671458

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Timothy J. Brady

Mailing Address 10055 West Gulf Bank

City State Zip Code
Houston TX 77040-3158

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

Name of Employer Brady Chapman Holland & Associates, In Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 8671467

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Lloyd A. Eisenrich		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9		
	Mailing Address 211 W Broadway St		Transaction ID: 8671468		
	City Andrews	State TX	Zip Code 79714-6313	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Weatherby-Eisenrich Agency	Occupation President	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) John M O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9		
	Mailing Address 10055 West Gulf Bank		Transaction ID: 8671471		
	City Houston	State TX	Zip Code 77040-3158	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Brady Chapman Holland & Associates, In	Occupation Insurance Agent	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Richard K. Carroll		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9		
	Mailing Address 2160 NE Dixie Hwy		Transaction ID: 8681253		
	City Jensen Beach	State FL	Zip Code 34957-6490	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rick Carroll Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Robert McLendon

Mailing Address 1701 W Garden St

City State Zip Code
Pensacola FL 32502-4415

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

Name of Employer Occupation
Fisher-Brown, Inc. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: 8681256

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Steve Lowry

Mailing Address 110 Unity St

City State Zip Code
Bellingham WA 98225-4418

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

Name of Employer Occupation
The Unity Group Insurance & Financial Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: 8681265

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bob Hashimoto

Mailing Address 1629 S Jackson

City State Zip Code
Seattle WA 98144-2110

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

Name of Employer Occupation
Sakahara & Hashimoto LLC Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: 8681272

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 54 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Jim Bost

Mailing Address PO Box 899

City Charleston State SC Zip Code 29402-0899

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

Name of Employer Johnson & Johnson, Inc. Mgrs. CMGA
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 14 / 2009
Transaction ID: 8697207
Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Gary J. Grissom

Mailing Address 1120 Capital of Texas Hwy South Bldg 3 Ste 300

City West Lake Hills State TX Zip Code 78746-6426

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

Name of Employer Texas Associates Insurors
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2009
Transaction ID: 8700312
Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Todd G. Mundhenke

Mailing Address 118 East 2nd Street

City Ainsworth State NE Zip Code 69210-1459

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

Name of Employer Mundhenke Agency, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 21 / 2009
Transaction ID: 8713710
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 325.00

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 55 / 65	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial) Jim Ericson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
Mailing Address 12006 Ridgemont Dr		Transaction ID: 8728071	
City Urbandale	State IA	Zip Code 50323-2317	Amount of Each Receipt this Period 335.00
FEC ID number of contributing federal political committee. C			
Name of Employer Group Benefits Ltd	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

B.

Full Name (Last, First, Middle Initial) Thomas R Dinnin, Jr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	
Mailing Address 300 Allegheny River Blvd		Transaction ID: 8728073	
City Oakmont	State PA	Zip Code 15139-1724	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dinnin & Parkins Associat- es	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	585.00
TOTAL This Period (last page this line number only)	40422.00

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)

PAGE 56 / 65

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) House Conservatives Fund <hr/> Mailing Address PO Box 2752 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8671269 Date of Disbursement 10 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Carper For Senate <hr/> Mailing Address 19 East Commons Blvd Second Floor <hr/> City New Castle State DE Zip Code 19720 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Thomas R. Carper <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8682847 Date of Disbursement 10 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Wicker For Senate <hr/> Mailing Address PO Box 64 <hr/> City Jackson State MS Zip Code 39205 <hr/> Purpose of Disbursement <hr/> Candidate Name Roger Wicker <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8682848 Date of Disbursement 10 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Michael Avery Ross

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: AR District: 04

Transaction ID: 8682849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Moore For Congress

Mailing Address PO Box 14631

City State Zip Code
Shawnee Mission KS 66285

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Dennis Moore

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: KS District: 03

Transaction ID: 8682850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Georgians For Isakson

Mailing Address Post Office Box 250116

City State Zip Code
Atlanta GA 30325

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Johnny Isakson

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: GA District:

Transaction ID: 8682851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) David Scott For Congress Mailing Address P.O. Box 960821 City Riverdale State GA Zip Code 30296 Purpose of Disbursement 011 Candidate Name Rep. David Albert Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	Transaction ID: 8682852 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Shelby For U S Senate Mailing Address Post Office Box 1091 City Tuscaloosa State AL Zip Code 35403 Purpose of Disbursement 011 Candidate Name Sen. Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: 8682853 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
C.	Full Name (Last, First, Middle Initial) Mccotter Congressional Committee Mailing Address PO Box 530788 City Livonia State MI Zip Code 48153 Purpose of Disbursement 011 Candidate Name Rep. Thaddeus G. McCotter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 11	Transaction ID: 8682854 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 65

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Defend America PAC	Transaction ID: 8682855 Date of Disbursement 10 / 30 / 2009
	Mailing Address 700 12th Street, NW Suite 700	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	011 Category/ Type
	Purpose of Disbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress	Transaction ID: 8682856 Date of Disbursement 10 / 30 / 2009
	Mailing Address PO Box 7783	Amount of Each Disbursement this Period 1500.00
	City Rockford State IL Zip Code 61126	011 Category/ Type
	Purpose of Disbursement Candidate Name Rep. Donald A. Manzullo	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Dreier For Congress Committee	Transaction ID: 8682857 Date of Disbursement 10 / 30 / 2009
	Mailing Address P.O. Box 505	Amount of Each Disbursement this Period 1000.00
	City Upland State CA Zip Code 91785	011 Category/ Type
	Purpose of Disbursement Candidate Name Rep. David Dreier	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	Transaction ID: 8682858 Date of Disbursement 10 / 30 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson <hr/> Mailing Address P.O. Box 822 400 Broadway, Suite 501 <hr/> City Cape Girardeau State MO Zip Code 63702 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Jo Ann Emerson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 08	Transaction ID: 8682859 Date of Disbursement 10 / 30 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of John Tanner <hr/> Mailing Address Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 <hr/> Purpose of Disbursement 011 Candidate Name Rep. John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	Transaction ID: 8682860 Date of Disbursement 10 / 30 / 2009 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8682861 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:

B. Full Name (Last, First, Middle Initial) 21st Century Majority Fund <hr/> Mailing Address 6065 Roswell Rd NE # 2274 <hr/> City Atlanta State GA Zip Code 30328-4011 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8682862 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) ALAMO PAC <hr/> Mailing Address 1203 Portner Road <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8682863 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Fund for America's Future	Transaction ID: 8682864 Date of Disbursement
	Mailing Address P.O. Box 29576	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20017	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OrrinPAC	Transaction ID: 8682865 Date of Disbursement
	Mailing Address P.O. Box 1480	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Freedom Fund	Transaction ID: 8682866 Date of Disbursement
	Mailing Address 128 North Columbus Street	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Freedom Fund	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

<p>A. Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2501 Wisconsin Ave, NW #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Continuing a Majority Party Action Committee (CAMP- AC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 8682867</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. David Vitter For Us Senate</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District:</p>	<p>Transaction ID: 8728069</p> <p>Date of Disbursement 10 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. David Vitter For Us Senate</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District:</p>	<p>Transaction ID: 8728070</p> <p>Date of Disbursement 10 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	50500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8725651 Date of Disbursement 10 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 4.95 <hr/> CREDIT CARD PROCESSING CH- ARGES
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8725652 Date of Disbursement 10 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 208.20 <hr/> CREDIT CARD PROCESSING CH- ARGES
C.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8725654 Date of Disbursement 10 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 527.38 <hr/> CREDIT CARD PROCESSING CH- ARGES

SUBTOTAL of Disbursements This Page (optional) ▶

740.53

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)

PAGE 65 / 65

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial) Paypal Inc. <hr/> Mailing Address 1840 Embarcadero Rd <hr/> City Palo Alto State CA Zip Code 94303 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8725655 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 89.90 <hr/> CREDIT CARD PROCESSING CH- ARGE
B. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8725656 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 8.95 <hr/> CREDIT CARD PROCESSING CH- ARGE

SUBTOTAL of Disbursements This Page (optional) ▶

98.85

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

839.38