

# 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  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 (12S)  
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 07 01 2010 through 07 31 2010

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 08 20 2010

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	<b>COLUMN A</b> This Period	<b>COLUMN B</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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		406640.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	446446.67									
(c) Total Receipts (from Line 19) .....	40723.50	593101.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	487170.17	999741.86								
7. Total Disbursements (from Line 31) .....	140978.49	653550.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	346191.68	346191.68								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	27030.00	432620.50
(ii) Unitemized .....	13693.50	150480.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	40723.50	583101.33
(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) .....	40723.50	583101.33
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	10000.00
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)) .....	40723.50	593101.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40723.50	593101.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	139500.00	639500.00
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 .....	100.00	700.00
(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)) .....	100.00	700.00
29. Other Disbursements.....	1378.49	13350.18
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))..	140978.49	653550.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140978.49	653550.18

**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) .....	40723.50	583101.33
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40623.50	582401.33
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: PAGE 6 / 62  
(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

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)  
Linda Steiner

Mailing Address 555 Main Street # 320

City State Zip Code  
Racine WI 53403-4614

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

Name of Employer Johnson Insurance Service-  
s, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** 9228993

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dean Hayes

Mailing Address 3205 Salem Rd Ste A

City State Zip Code  
Conyers GA 30013-5302

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

Name of Employer BB&T Insurance Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231164

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Hollifield

Mailing Address 1575 Northside Dr

City State Zip Code  
Atlanta GA 30318-4235

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

Name of Employer Johnson & Bryan Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231165

Amount of Each Receipt this Period  
180.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **680.00**

**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 7 / 62  
(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 Iverson

Mailing Address 1117 Perimeter Center West # W101

City Atlanta State GA Zip Code 30338-5449

FEC ID number of contributing federal political committee. C

Name of Employer Snellings Walters Insuran-  
ce Occupation 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  
07 / 06 / 2010

**Transaction ID:** 9231166

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Robbie Lewis

Mailing Address 5825 Medlock Bridge Parkway  
Suite 100

City Alpharetta State GA Zip Code 30022-7320

FEC ID number of contributing federal political committee. C

Name of Employer BWT Risk Advisors, 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  
07 / 06 / 2010

**Transaction ID:** 9231170

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lynn W. Mathis

Mailing Address 2009 Montreal Rd

City Tucker State GA Zip Code 30084-5227

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 06 / 2010

**Transaction ID:** 9231171

Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Peddle		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2010
	Mailing Address 211 Perimeter Center Parkway #1050		Transaction ID: 9231173
	City Atlanta	State GA	Zip Code 30346-1304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Risk Innovations LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul N. Rohrabough		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2010
	Mailing Address 1100 Circle 75 Parkway Ste 140		Transaction ID: 9231175
	City Atlanta	State GA	Zip Code 30339-3024
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer TRC Insurance Services	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>C.</b>	Full Name (Last, First, Middle Initial) Ash L. Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2010
	Mailing Address 245 Davis Rd		Transaction ID: 9231176
	City Augusta	State GA	Zip Code 30907-2407
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Blanchard & Calhoun Insur- ance Agency,	Occupation Account Executive, VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carey Stephens		Date of Receipt
	Mailing Address 1071 Founders Blvd Ste B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Athens	GA	30606-6176
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9231177
Name of Employer BB&T INSURANCE SERVICES		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 ▼ 395.50	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Allan B. Webb		Date of Receipt
	Mailing Address 310 Caverns Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Calhoun	GA	30701-4744
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9231181
Name of Employer Graham-Naylor Agency, 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 ▼ 840.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Chad Bjugan		Date of Receipt
	Mailing Address 6625 Lyndale Ave South # 410		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Richfield	MN	55423-2495
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9231183
Name of Employer Richfield State Insurance		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 ▼ 620.00	<input type="text"/> 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1070.00
<b>TOTAL</b> 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 10 / 62  
(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)  
Daniel D. Riley

Mailing Address 7500 Flying Cloud Dr Ste 900

City State Zip Code  
Eden Prairie MN 55344-3758

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

Name of Employer Occupation  
Minnesota Independent Insurance Agents CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1540.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231184

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kerry P. Dillard

Mailing Address 1925 Adams Avenue

City State Zip Code  
Huntington WV 25704-1417

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

Name of Employer Occupation  
Bloss & Dillard, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231186

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 126 North Isabella St

City State Zip Code  
Sylvester GA 31791-2158

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

Name of Employer Occupation  
Worth Insurance Agency, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231247

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 / 62
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Preston A. Moss		Date of Receipt MM / DD / YYYY 07 / 06 / 2010		
	Mailing Address 245 Davis Rd		<b>Transaction ID:</b> 9231248		
	City Augusta	State GA	Zip Code 30907-2407	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Blanchard & Calhoun Insurance Agency.	Occupation Vice President	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelli E Dean		Date of Receipt MM / DD / YYYY 07 / 06 / 2010		
	Mailing Address 900 Ashwood Pkwy # 100		<b>Transaction ID:</b> 9231251		
	City Atlanta	State GA	Zip Code 30338-4780	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Potter-Holden & Company	Occupation Commercial Producer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Butch Welch		Date of Receipt MM / DD / YYYY 07 / 06 / 2010		
	Mailing Address 415 Chestnut St		<b>Transaction ID:</b> 9231253		
	City Donnellson	State IA	Zip Code 52625	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Welch's Insurance Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> 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 / 62  
(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)  
Brian A. Duke

Mailing Address PO Box 12058

City State Zip Code  
Alexandria LA 71315-2058

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

Name of Employer  
Brown & Brown dba Insurance 1, Inc.

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231254

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dan M Armbrust

Mailing Address 721 1st Avenue North

City State Zip Code  
Fargo ND 58102-4903

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

Name of Employer  
Dawson Insurance Agency, Inc.

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 9231262

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 390 Pondella Road # 1

City State Zip Code  
North Fort Myers FL 33903-4340

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

Name of Employer  
Lee County Insurance Agency, Inc.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 9271239

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Peggy Gardner

Mailing Address 390 Pondella Road # 1

City State Zip Code  
North Fort Myers FL 33903-4340

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

Name of Employer Lee County Insurance Agen-  
cy, 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  
07 / 12 / 2010

Transaction ID: 9271240

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael R. Anton, Jr

Mailing Address 155 S Calumet Rd

City State Zip Code  
Chesterton IN 46304-2433

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

Name of Employer Anton Insurance Agency,  
Inc. 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  
07 / 12 / 2010

Transaction ID: 9271243

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 2901 N I10 Service Rd E

City State Zip Code  
Metairie LA 70002

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

Name of Employer Financial Assurance, LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2010

Transaction ID: 9271246

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5550.00**

**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 / 62
	<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)  
Merlyn Kuhl

Mailing Address P O Box 483

City State Zip Code  
Osmond NE 68765-0483

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

Name of Employer  
New Frontier Insurance Ag-  
ency  
Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 9271249

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Chip Greene

Mailing Address 10739 Deerwood Park Blvd Ste 200

City State Zip Code  
Jacksonville FL 32256-4839

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

Name of Employer  
Greene-Hazel & Associates,  
Inc.  
Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 9271252

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 55 Southway Ave

City State Zip Code  
Lewiston ID 83501-2200

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

Name of Employer  
American Insurance Agency  
Inc  
Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

**Transaction ID:** 9271253

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 15 / 62
	<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 Casazza

Mailing Address 6820 Bergenline Ave

City State Zip Code  
Guttenberg NJ 07093-1873

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

Name of Employer Otterstedt Insurance Agen-  
cy, 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  
07 / 12 / 2010

**Transaction ID:** 9271255

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Terri D. O'Neal-Boyd

Mailing Address 2002 E. Osborn

City State Zip Code  
Phoenix AZ 85016-7236

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

Name of Employer Compass Insurance Agency/-  
Phoenix Divis 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  
07 / 14 / 2010

**Transaction ID:** 9274894

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 807 Arizona Ave

City State Zip Code  
Santa Monica CA 90401-1805

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

Name of Employer White Sutton & Company In-  
surance Servi 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  
07 / 14 / 2010

**Transaction ID:** 9274895

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<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) Dale Chaffin		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address 3006 Broadway Avenue		<b>Transaction ID:</b> 9274902
City Hays	State KS	Zip Code 67601-1916
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Insurance Planning, 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) Lonny Claycamp		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address 3006 Broadway Avenue		<b>Transaction ID:</b> 9274903
City Hays	State KS	Zip Code 67601-1916
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Insurance Planning, 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) Barry Lipparelli		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address P O Box 1716		<b>Transaction ID:</b> 9274910
City Elko	State NV	Zip Code 89803-1716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 516.00
Name of Employer Lipparelli & Assocs Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1016.00
<b>TOTAL</b> 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 17 / 62  
(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)  
Mark Swarts

Mailing Address 10091 Park Run Dr # 200

City Las Vegas State NV Zip Code 89145-8868

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

Name of Employer Swarts Manning & Associates  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010  
**Transaction ID: 9274911**  
Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 1807 N Boulevard

City Anderson State SC Zip Code 29621-4742

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

Name of Employer Palmetto Insurance  
Occupation Agency Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2010  
**Transaction ID: 9274912**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dale Heesch

Mailing Address 209 St Olaf Ave

City Baltic State SD Zip Code 57003-0271

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

Name of Employer Dakota Insurance Agency, Inc.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2010  
**Transaction ID: 9274913**  
Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Beverly King		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address 234 8th Ave So		<b>Transaction ID:</b> 9274914		
	City Faulkton	State SD	Zip Code 57438	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer King Insurance Agency, In- c.	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Zerfoss		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address 1909 21st Avenue S PO Box 121587		<b>Transaction ID:</b> 9274915		
	City Nashville	State TN	Zip Code 37212-3833	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Martin & Zerfoss, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael S. Rifkin		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 1499 Blake Street # 2G		<b>Transaction ID:</b> 9279630		
	City Denver	State CO	Zip Code 80202-1356	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Rifkin Insurance Assocs Inc	Occupation Agency Principal	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>825.00</b>
<b>TOTAL</b> 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 19 / 62  
(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)  
Betsy McClain

Mailing Address 5775 Glenridge Dr NE Ste B400

City Atlanta State GA Zip Code 30328-7133

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

Name of Employer Tanner Ballew & Maloof, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.50

Date of Receipt 07 / 15 / 2010

Transaction ID: 9279631

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert S. Ludwig

Mailing Address 2350 Fruitville Rd

City Sarasota State FL Zip Code 34237-6114

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

Name of Employer Ludwig-Walpole Company, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2010

Transaction ID: 9279632

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger A. Leonard, Jr

Mailing Address 200 Haddonfield Berlin Rd Ste 301

City Gibbsboro State NJ Zip Code 08026-1239

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

Name of Employer Leonard-O'Neill Group Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2010

Transaction ID: 9279634

Amount of Each Receipt this Period 50.00

**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: PAGE 20 / 62

(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)

Lanny L. Hair

Mailing Address 333 East Flower Street

City State Zip Code  
Phoenix AZ 85012-2611

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

Name of Employer Occupation  
Independent Insurance Age- Executive Vice President  
nts and Broke

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 294.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: 9279639

Amount of Each Receipt this Period

42.00

**B.**

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 Occupation  
Ansay & Associates LLC/Mo- Owner  
sinee

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: 9279641

Amount of Each Receipt this Period

100.00

**C.**

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 Occupation  
Schultheis Insurance Agen- President  
cy, Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: 9279645

Amount of Each Receipt this Period

50.00

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

192.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 62
	<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)  
Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City State Zip Code  
Santa Monica CA 90401-1805

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

Name of Employer  
White Sutton & Company In-  
surance Servi

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 9279646

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Emek

Mailing Address 386 Park Ave South Ste 303

City State Zip Code  
New York NY 10016-8804

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

Name of Employer  
CBS Coverage Group, Inc.

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 9279650

Amount of Each Receipt this Period  
100.00

**C.**

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

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  
Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 9279657

Amount of Each Receipt this Period  
115.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **440.00**

**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 / 62
	<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 ▼ 1750.00

Date of Receipt: 07 / 15 / 2010  
**Transaction ID: 9279660**  
 Amount of Each Receipt this Period: 250.00

**B.**

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 ▼ 245.00

Date of Receipt: 07 / 15 / 2010  
**Transaction ID: 9279663**  
 Amount of Each Receipt this Period: 35.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd C. Henricks

Mailing Address 103 S Jackson St

City State Zip Code  
Cerro Gordo IL 61818-0110

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

Name of Employer: Chapman-Henricks Ins Agcy Inc      Occupation: Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 07 / 15 / 2010  
**Transaction ID: 9279665**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

**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 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dino C. Gavanas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2010		
	Mailing Address 127 N Walnut Ave		<b>Transaction ID:</b> 9279667		
	City Itasca	State IL	Zip Code 60143-1729	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Premier Risk Services, In- c. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 280.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Evan Mandigo		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2010		
	Mailing Address PO Box 973		<b>Transaction ID:</b> 9279672		
	City Bismarck	State ND	Zip Code 58502-0973	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ind Ins Agts of North Dak- ota Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 240.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Bernard McKenzie		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2010		
	Mailing Address 2201 Forsythe Ave		<b>Transaction ID:</b> 9279673		
	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 Insur- ance Center. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 294.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> 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 24 / 62  
(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)  
Rudy Painter

Mailing Address 201 W McBee Ave

City Greenville State SC Zip Code 29601-2621

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

Name of Employer Countybank Insurance, Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2010

**Transaction ID: 9279684**

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Grossnickle

Mailing Address 28 North 8th St Ste 200

City Columbia State MO Zip Code 65201-7708

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

Name of Employer The Insurance Group, Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010

**Transaction ID: 9280848**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert L Hoppe

Mailing Address 2118 23rd St

City Columbus State NE Zip Code 68601-3447

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

Name of Employer American Heartland Insurance Agency, I Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 16 / 2010

**Transaction ID: 9280849**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **380.00**

**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 / 62
	<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)  
William D. Buckles

Mailing Address 304 N Penn Ave

City Independence State KS Zip Code 67301-3326

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

Name of Employer Newkirk, Dennis & Buckles, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2010

**Transaction ID: 9281817**

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Connell

Mailing Address 1691 S Business Hwy 65

City Hollister State MO Zip Code 65672-6342

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

Name of Employer Connell Insurance, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2010

**Transaction ID: 9281959**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Butch James

Mailing Address 400 Chesterfield Center Ste 320

City Chesterfield State MO Zip Code 63017-4800

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

Name of Employer Charles L Crane Agency Co-mpany Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2010

**Transaction ID: 9281961**

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Fletcher Willey, Jr.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 103 W Wood Hill Dr Ste 3	<b>Transaction ID:</b> 9281969
	City State Zip Code Nags Head NC 27959-9395	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer J. Fletcher Willey Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Schaez	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 101 East Grand Ave Ste 11	<b>Transaction ID:</b> 9281972
	City State Zip Code Port Washington WI 53074-2241	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ansay & Associates, 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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Marek	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 101 W Main St	<b>Transaction ID:</b> 9282215
	City State Zip Code Grangeville ID 83530-1931	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Northwest Insurance Agency, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 62
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph C. Wolfe		Date of Receipt MM / DD / YYYY 07 / 19 / 2010		
	Mailing Address 1203 First St		<b>Transaction ID:</b> 9282216		
	City Jackson	State MI	Zip Code 49203-3034	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Protection Center, In- c. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard V. Minor		Date of Receipt MM / DD / YYYY 07 / 19 / 2010		
	Mailing Address 123 N 6th St		<b>Transaction ID:</b> 9282217		
	City Hannibal	State MO	Zip Code 63401-3478	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Trust GDC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brent H. Speight		Date of Receipt MM / DD / YYYY 07 / 19 / 2010		
	Mailing Address 408 N Sturgeon		<b>Transaction ID:</b> 9282218		
	City Montgomery City	State MO	Zip Code 63361-1827	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scott Agency, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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 28 / 62

(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)

Scott Stanberry

Mailing Address 715 E Main St

City State Zip Code  
Sylva NC 28779-5800

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

Name of Employer Occupation  
Stanberry Insurance Agenc- President  
y, Inc.

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2010

Transaction ID: 9282221

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Spann

Mailing Address 710 Thompson Lane

City State Zip Code  
Nashville TN 37204-3610

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

Name of Employer Occupation  
Spann Insurance 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  
07 / 21 / 2010

Transaction ID: 9284018

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Tom M. Strate

Mailing Address 1750 W Andrew Johnson Hwy

City State Zip Code  
Morristown TN 37814-3737

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

Name of Employer Occupation  
Strate Insurance Group 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  
07 / 25 / 2010

Transaction ID: 9314933

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 29 / 62  
(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)  
Henry E. Budnik

Mailing Address 7358 N Lincoln Ave  
Suite 160

City Lincolnwood State IL Zip Code 60712-1797

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

Name of Employer The Lesser 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  
0 7 / 2 6 / 2 0 1 0

Transaction ID: 9314960

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kerry Klepfer

Mailing Address 515 Main St

City Keokuk State IA Zip Code 52632-5449

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

Name of Employer KSB 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  
0 7 / 2 6 / 2 0 1 0

Transaction ID: 9314962

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 38 1st St W

City Dickinson State ND Zip Code 58601-5106

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

Name of Employer American 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  
0 7 / 2 6 / 2 0 1 0

Transaction ID: 9314967

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 30 / 62  
(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)  
Jeffery Scherschligt

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  
07 / 26 / 2010

**Transaction ID:** 9314970

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Bryant

Mailing Address 532 Princeton Rd

City State Zip Code  
Johnson City TN 37601-2030

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

Name of Employer  
Heritage Insurance Group Inc. - Johnso

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  
07 / 26 / 2010

**Transaction ID:** 9314971

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Gresham

Mailing Address 5900 Poplar Ave

City State Zip Code  
Memphis TN 38119-3900

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

Name of Employer  
Boyle Insurance Agency, 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  
07 / 26 / 2010

**Transaction ID:** 9314974

Amount of Each Receipt this Period  
250.00

**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: PAGE 31 / 62  
(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)  
Joe Hunt

Mailing Address 710 N Brittain St

City State Zip Code  
Shelbyville TN 37160-3448

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

Name of Employer Occupation  
H. B. Cowan & Company Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 9314975

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Busch H. Thoma

Mailing Address 210 N E Atlantic St

City State Zip Code  
Tullahoma TN 37388-3575

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

Name of Employer Occupation  
E. B. Thoma and Son Agen- cy Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 9315013

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Theodore J. Schroeder

Mailing Address 512 E Main St

City State Zip Code  
Union MO 63084-1444

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

Name of Employer Occupation  
Schroeder Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 9316339

Amount of Each Receipt this Period  
75.00

**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 32 / 62  
(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)  
Brent H. Speight

Mailing Address 408 N Sturgeon

City State Zip Code  
Montgomery City MO 63361-1827

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

Name of Employer Scott Agency, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 9316340

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 703 E Lakeside Ave

City State Zip Code  
Coeur D Alene ID 83814-4131

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

Name of Employer Fred A. Harris Agency, In-  
c. dba Harris Occupation Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 9316346

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jo Ann Evans

Mailing Address 303 W Third St

City State Zip Code  
Carthage MO 64836-1735

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

Name of Employer Beimdiek Insurance Agency,  
Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 9316350

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 62
	<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) David Hall		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 1631 Gibson St		<b>Transaction ID:</b> 9316351
City West Plains	State MO	Zip Code 65775-1873
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Insurance Specialties and Investment	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) Michael Hogan		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 1359 21st Ave North		<b>Transaction ID:</b> 9316356
City Myrtle Beach	State SC	Zip Code 29577-0400
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer BB&T - Puckett Scheetz & Hogan	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) James Bradshaw		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 421 West Court Street		<b>Transaction ID:</b> 9316357
City Dyersburg	State TN	Zip Code 38024-4616
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bradshaw & Company Insuro- rs	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 34 / 62  
(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)  
Darren P. McEuin

Mailing Address 1804 W Lewis

City Pasco State WA Zip Code 99301-4958

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

Name of Employer Conover Insurance, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2010

**Transaction ID: 9316358**

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe Walrod

Mailing Address 3400 College Blvd Ste 150

City Leawood State KS Zip Code 66211-1918

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

Name of Employer Creative Planning Risks Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2010

**Transaction ID: 9316361**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Kermit Starnes

Mailing Address 70 Corporate Hills Dr Ste 101

City Saint Charles State MO Zip Code 63301-3750

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

Name of Employer Church Assét Management Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2010

**Transaction ID: 9316362**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 62  
(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)  
Chris Boone

Mailing Address 2616 Lakeward Dr

City State Zip Code  
Jackson MS 39216-4863

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

Name of Employer Occupation  
BancorpSouth Insurance Se- Chief Managing Officer  
rvices, 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  
07 / 29 / 2010

**Transaction ID:** 9316363

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert L Hoppe

Mailing Address 2118 23rd St

City State Zip Code  
Columbus NE 68601-3447

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

Name of Employer Occupation  
American Heartland Insura- Insurance Agent  
nce Agency, I

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** 9405137

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$100.00 This changes the YTD Total to \$50-  
0.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**TOTAL** This Period (last page this line number only) ..... ► 27030.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Bilbray For Congress <hr/> Mailing Address 991c Lomas Santa Fe Drive # 192 <hr/> City Solana Beach State CA Zip Code 92075 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Brian Bilbray 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: CA District: 50	Transaction ID: 9280595 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Guthrie For Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. S. Brett Guthrie 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: KY District: 02	Transaction ID: 9280596 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Lynn Jenkins 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: KS District: 02	Transaction ID: 9280597 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">2000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress		<b>Transaction ID:</b> 9280598		
	Mailing Address P.O. Box 1441		Date of Disbursement 07 / 15 / 2010		
	City Topeka	State KS	Zip Code 66601	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name Lynn Jenkins		Disbursement For: 2010			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: KS District: 02					
<b>B.</b>	Full Name (Last, First, Middle Initial) Heartland Values PAC		<b>Transaction ID:</b> 9280599		
	Mailing Address PO Box 505		Date of Disbursement 07 / 15 / 2010		
	City Sioux Falls	State SD	Zip Code 57101	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name		Disbursement For: 2010			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) Schock For Congress		<b>Transaction ID:</b> 9280604		
	Mailing Address PO Box 10555		Date of Disbursement 07 / 15 / 2010		
	City Peoria	State IL	Zip Code 61612	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
Candidate Name Mr. Aaron Schock		Disbursement For: 2010			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 18					

**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)  
Treasure State PAC

Mailing Address P.O. Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  011 Category/Type

Candidate Name  
Treasure State PAC

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

State: District:

Transaction ID: 9280605

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Joe Donnelly For Congress

Mailing Address PO Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
Void - Joe Donnelly For Congress  011 Category/Type

Candidate Name  
Rep. Joseph Donnelly

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

State: IN District: 02

Transaction ID: 9314952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Void - Joe Donnelly For Congress

**C.** Full Name (Last, First, Middle Initial)  
Joe Donnelly For Congress

Mailing Address PO Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement  011 Category/Type

Candidate Name  
Rep. Joseph Donnelly

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

State: IN District: 02

Transaction ID: 9314953

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz  Mailing Address 315 Westfield Circle  City Alpine State UT Zip Code 84004 Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Jason E. Chaffetz 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: UT District: 03	Transaction ID: 9315199 Date of Disbursement 07 / 27 / 2010  Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010  Mailing Address 5915 Eastman Avenue Suite 100  City Midland State MI Zip Code 48640 Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. David Lee Camp 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: 04	Transaction ID: 9315200 Date of Disbursement 07 / 27 / 2010  Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling  Mailing Address PO Box 820504  City Dallas State TX Zip Code 75382 Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Jeb Hensarling 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: TX District: 05	Transaction ID: 9315201 Date of Disbursement 07 / 27 / 2010  Amount of Each Disbursement this Period 3000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Committee <hr/> Mailing Address PO Box 8060 <hr/> City Tyler State TX Zip Code 75711 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Louie Gohmert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9315202 Date of Disbursement 07 / 27 / 2010	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David Lee Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9316298 Date of Disbursement 07 / 29 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Graves For Congress <hr/> Mailing Address PO Box 701 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Graves <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010	Transaction ID: 9316299 Date of Disbursement 07 / 29 / 2010
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bachus For Congress Committee</p> <p>Mailing Address P.O. Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Spencer Thomas Bachus, III</p> <p>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: AL District: 06</p>	<p><b>Transaction ID:</b> 9316300 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO Box 6545</p> <p>City Visalia State CA Zip Code 93290</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Devin G. Nunes</p> <p>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: CA District: 21</p>	<p><b>Transaction ID:</b> 9316301 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Joe L. Barton</p> <p>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: TX District: 06</p>	<p><b>Transaction ID:</b> 9316302 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**12000.00**

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>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) ▼</p> <p>State: TN District: 07</p>	<p><b>Transaction ID:</b> 9316303</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>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) ▼</p> <p>State: LA District: 07</p>	<p><b>Transaction ID:</b> 9316304</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brady For Congress</p> <p>Mailing Address P.O. Box 8277</p> <p>City The Woodlands State TX Zip Code 77387</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Kevin Patrick Brady</p> <p>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) ▼</p> <p>State: TX District: 08</p>	<p><b>Transaction ID:</b> 9316305</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

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

**4000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bill Cassidy For Congress <hr/> Mailing Address 8550 United Plaza Blvd. Suite 1001 <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type <hr/> Candidate Name Rep. William Cassidy, MD <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: LA District: 06	Transaction ID: 9316306 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Cole For Congress <hr/> Mailing Address P.O. Box 722256 <hr/> City Norman State OK Zip Code 73070 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type <hr/> Candidate Name Rep. Thomas Cole <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: OK District: 04	Transaction ID: 9316307 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Conaway For Congress <hr/> Mailing Address PO Box 51272 <hr/> City Midland State TX Zip Code 79710 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type <hr/> Candidate Name Rep. Michael K. Conaway <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: TX District: 11	Transaction ID: 9316308 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dreier For Congress Committee		<b>Transaction ID:</b> 9316309	
	Mailing Address P.O. Box 505		Date of Disbursement 07 / 29 / 2010	
	City Upland	State CA	Zip Code 91785	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. David Dreier		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 26		
<b>B.</b>	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee		<b>Transaction ID:</b> 9316310	
	Mailing Address PO Box 1007		Date of Disbursement 07 / 29 / 2010	
	City Willows	State CA	Zip Code 95988	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Wally Herger		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 02		
<b>C.</b>	Full Name (Last, First, Middle Initial) Issa For Congress		<b>Transaction ID:</b> 9316311	
	Mailing Address P O Box 760		Date of Disbursement 07 / 29 / 2010	
	City Vista	State CA	Zip Code 92085	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Darrell E. Issa		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 49		

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

5000.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Jordan For Congress  Mailing Address 1709 State Route 560 South  City Urbana State OH Zip Code 43078  Purpose of Disbursement <input type="checkbox"/> 011 Category/Type  Candidate Name Mr. James Jordan  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: OH District: 04	Transaction ID: 9316312 Date of Disbursement 07 / 29 / 2010  Amount of Each Disbursement this Period 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Kline For Congress  Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104  City Burnsville State MN Zip Code 55337  Purpose of Disbursement <input type="checkbox"/> 011 Category/Type  Candidate Name Rep. John P. Kline  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: MN District: 02	Transaction ID: 9316313 Date of Disbursement 07 / 29 / 2010  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Latourette For Congress Committee  Mailing Address 320 Kenarden Dr.  City Highland Hts. State OH Zip Code 44143  Purpose of Disbursement <input type="checkbox"/> 011 Category/Type  Candidate Name Rep. Steven C. LaTourette  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: OH District: 14	Transaction ID: 9316314 Date of Disbursement 07 / 29 / 2010  Amount of Each Disbursement this Period 2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lucas For Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>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: OK District: 03</p>	<p><b>Transaction ID:</b> 9316315 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kenny Marchant For Congress</p> <p>Mailing Address PO Box 110187</p> <p>City Carrollton State TX Zip Code 75011</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Kenneth Marchant</p> <p>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: TX District: 24</p>	<p><b>Transaction ID:</b> 9316316 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>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: WA District: 05</p>	<p><b>Transaction ID:</b> 9316317 <b>Date of Disbursement</b> 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>

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

**9000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Rooney For Congress  Mailing Address 2336 S. East Ocean Blvd. #313  City Stuart State FL Zip Code 34996  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Thomas J. Rooney 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: FL District: 16	Transaction ID: 9316318 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Sessions For Congress  Mailing Address PO Box 823047  City Dallas State TX Zip Code 75382  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Pete Sessions 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: TX District: 32	Transaction ID: 9316319 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Volunteers For Shimkus  Mailing Address P.O. Box 661 PO Box 5458  City Collinsville State IL Zip Code 62234  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. John M. Shimkus 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: IL District: 19	Transaction ID: 9316320 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">5000.00</div>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Texans For Lamar Smith	<b>Transaction ID:</b> 9316321 <b>Date of Disbursement</b>
	Mailing Address PO Box 6155	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City San Antonio State TX Zip Code 78209	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="1000.00"/>
Candidate Name Rep. Lamar S. Smith	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) Tiberi For Congress	<b>Transaction ID:</b> 9316322 <b>Date of Disbursement</b>
	Mailing Address 2931 E Dublin Granville Road Suite 190	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="2500.00"/>
Candidate Name Rep. Patrick J. Tiberi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Westmoreland For Congress	<b>Transaction ID:</b> 9316323 <b>Date of Disbursement</b>
	Mailing Address P.O. Box 458	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Sharpsburg State GA Zip Code 30277	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text" value="011"/> Category/Type	<input type="text" value="5000.00"/>
Candidate Name Rep. Lynn A. Westmoreland	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan For Congress <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Paul D. Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9316324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Bachmann For Congress <hr/> Mailing Address PO Box 25950 <hr/> City Woodbury State MN Zip Code 55125 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michele Bachmann <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2500.00	
011 Category/ Type	<b>Transaction ID:</b> 9316329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
<b>C.</b> Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9316329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Lieberman <hr/> Mailing Address PO Box 231294 State House Square <hr/> City Hartford State CT Zip Code 06123 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Sen. Joseph I. Lieberman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Transaction ID: 9316330 Date of Disbursement <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Rogers For Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Rep. Michael J. Rogers <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: MI District: 08	Transaction ID: 9316331 Date of Disbursement <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Lee For Congress <hr/> Mailing Address PO Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Mr. Christopher Lee <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: NY District: 26	Transaction ID: 9316332 Date of Disbursement <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

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

**4500.00**

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

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

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Ken Calvert For Congress Committee	Transaction ID: 9316333 Date of Disbursement 07 / 29 / 2010
	Mailing Address PO Box 20123	Amount of Each Disbursement this Period 1000.00
	City Riverside State CA Zip Code 92516	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Kenneth Calvert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress	Transaction ID: 9316334 Date of Disbursement 07 / 29 / 2010
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 5000.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Debbie Wasserman-Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Transaction ID: 9316335 Date of Disbursement 07 / 29 / 2010
	Mailing Address 715 Jones Street, Suite 101	Amount of Each Disbursement this Period 1000.00
	City Fort Worth State TX Zip Code 76102	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kay Granger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

<b>A.</b> Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> 9316336 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9316337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement Candidate Name Rep. David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9316355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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

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ITEMIZED DISBURSEMENTS**

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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 John Boehner	Transaction ID: 9316374 Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road Suite I	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Friends Of John Boehner	<input type="text" value="-5000.00"/>
	Candidate Name Rep. John A. Boehner	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Friends Of John Bo- ehner

B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 9316375 Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road Suite I	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. John A. Boehner	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROSKAM PAC	Transaction ID: 9316376 Date of Disbursement
	Mailing Address 1006 Pendleton Street	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: 9316382 Date of Disbursement 07 / 29 / 2010
	Mailing Address 3440 Youngfield Street #264	Amount of Each Disbursement this Period 1000.00
	City Wheat Ridge State CO Zip Code 80033	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Edwin Perlmutter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 9316384 Date of Disbursement 07 / 29 / 2010
	Mailing Address P. O. Box 713	Amount of Each Disbursement this Period 1000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Peters For Congress	Transaction ID: 9316385 Date of Disbursement 07 / 29 / 2010
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 1000.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Gary C. Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gardner For Congress <hr/> Mailing Address PO Box 2408 <hr/> City Loveland State CO Zip Code 80539 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Cory Gardner 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: CO District: 04	<b>Transaction ID:</b> 9316386 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) David Vitter For Us Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. David Vitter 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: LA District:	<b>Transaction ID:</b> 9316387 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Pat Meehan For Congress <hr/> Mailing Address 5035 Township Line Road PO Box 308 <hr/> City Drexel Hill State PA Zip Code 19026 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Patrick Meehan 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: PA District: 07	<b>Transaction ID:</b> 9316388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> 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**

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9316389 Date of Disbursement 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" 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: WI District: 04
<b>B.</b> Full Name (Last, First, Middle Initial) Liberty Project <hr/> Mailing Address 217 Third Street, SE <hr/> City Washington State DC Zip Code 20003 <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: 9316390 Date of Disbursement 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	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:
<b>C.</b> Full Name (Last, First, Middle Initial) Childers For Congress <hr/> Mailing Address PO Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Travis Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9316391 Date of Disbursement 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01

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

4500.00

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

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(check only one)

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

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ee (Insu

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael R. Pence <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9316392 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address PO Box 531086 <hr/> City Henderson State NV Zip Code 89053 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9316393 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Advance Arkansas PAC <hr/> Mailing Address P.O. Box 344 <hr/> City Prescott State AR Zip Code 71857 <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: 9316395 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 62

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

A.	Full Name (Last, First, Middle Initial) Pioneer PAC	Transaction ID: 9316522
	Mailing Address 217 Third Street, SE	Date of Disbursement 07 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress	Transaction ID: 9316523
	Mailing Address PO Box 7783	Date of Disbursement 07 / 29 / 2010
	City Rockford State IL Zip Code 61126	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	011 Category/ Type
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6500.00

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

139500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

Robert L Hoppe

Mailing Address 2118 23rd St

City  
Columbus

State  
NE

Zip Code  
68601-3447

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9405080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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 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	Transaction ID: 9405095 Date of Disbursement 07 / 01 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.95
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING CH- ARGE
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9405096 Date of Disbursement 07 / 06 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 205.20
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING CH- ARGE
	State: District:	

C.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 9405097 Date of Disbursement 07 / 06 / 2010
	Mailing Address 38 Fountain Square Plaza	Amount of Each Disbursement this Period 1019.49
	City Cincinnati State OH Zip Code 45263	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING CH- ARGE
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1229.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City State Zip Code  
Cincinnati OH 45263

Purpose of Disbursement  
CREDIT CARD PROCESSING CHARGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 9405098  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CH-  
ARGE

**B.** Full Name (Last, First, Middle Initial)  
Paypal Inc.

Mailing Address 1840 Embarcadero Rd

City State Zip Code  
Palo Alto CA 94303

Purpose of Disbursement  
CREDIT CARD PROCESSING CHARGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 9405099  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CH-  
ARGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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