

# 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  
The Council of Insurance Agents & Brokers Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00039578  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 06 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 11 20 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		74294.32
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	107641.32									
(c) Total Receipts (from Line 19) .....	19925.00	185960.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	127566.32	260254.32								
7. Total Disbursements (from Line 31) .....	51520.27	184208.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	76046.05	76046.05								
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**

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19750.00	175500.00
(i) Itemized (use Schedule A) .....	175.00	5460.00
(ii) Unitemized .....	19925.00	180960.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	19925.00	180960.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
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)) .....	19925.00	185960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19925.00	185960.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	51500.00	184188.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	20.27	20.27
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))..	51520.27	184208.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	51520.27	184208.27

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	19925.00	180960.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19925.00	180960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael W. Steen		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 5306 Century Oaks Drive		<b>Transaction ID:</b> 26008682	
City Greensboro	State NC	Zip Code 27455	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BB&T - Professional Benefits Management	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Edmund F. Garno, Jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 915 Stony Lane		<b>Transaction ID:</b> 26022307	
City Gladwyne	State PA	Zip Code 19035	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TRION	Occupation Insurance broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edmund F. Garno, III		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 144 Rose Lane		<b>Transaction ID:</b> 26022431	
City Haverford	State PA	Zip Code 19041	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TRION	Occupation Insurance broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David O Oberkircher

Mailing Address 6208 Sheaff Lane

City State Zip Code  
Fort Washington PA 19034

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

Name of Employer Occupation  
TRION Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

**Transaction ID:** 26022436

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles M Veno

Mailing Address 1750 North Valley Road

City State Zip Code  
Malvern PA 19355

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

Name of Employer Occupation  
TRION Insurance broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

**Transaction ID:** 26022437

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Craford

Mailing Address 10 Morgan Lane

City State Zip Code  
San Rafael CA 94901

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

Name of Employer Occupation  
Craford Benefit Consultants Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

**Transaction ID:** 26022440

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Byrne, Sr.

Mailing Address 4607 Signature Drive

City Middleton State WI Zip Code 53562

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

Name of Employer J. Byrne Agency, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 26022455

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Gruenberg

Mailing Address 17 Old Dutch Road

City Warren State NJ Zip Code 07059

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

Name of Employer Fleet Insurance Services, L.L.C. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 26022456

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey T. Calder

Mailing Address 2 Abbott Ct.

City Orinda State CA Zip Code 94563

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

Name of Employer Saylor and Hill Co. Occupation Insurance broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 26022513

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul Brown		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 1335 Contra Costa Drive		<b>Transaction ID:</b> 26022514
City State Zip Code El Cerrito CA 94530	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Heffernan Group	Occupation Insurance broker	
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) Mr. Robert J Kuelzow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 33 Long Creek Drive		<b>Transaction ID:</b> 26022516
City State Zip Code Burnt Hills NY 12027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Rose & Kiernan, Inc.	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Keith A. Kiser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 1505 Brockton Lane		<b>Transaction ID:</b> 26022518
City State Zip Code Winston-Salem NC 27106	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BB&T - Blue Ridge Burke Insurance	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Randolph W. McGann		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 1000 White Oak Road		<b>Transaction ID:</b> 26022536	
City State Zip Code Waynesboro VA 22980	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BB&T - Barger Insurance (BR)	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Moreno		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 150 Halsbury Ct.		<b>Transaction ID:</b> 26022541	
City State Zip Code Lake Sherwood CA 91361	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer USI Insurance Services Co-rp.	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Paul Catania		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 5758 Williamsburg Circle		<b>Transaction ID:</b> 26022542	
City State Zip Code Hudson OH 44236	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oswald Companies	Occupation Insurance broker		
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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard B. Cross		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 8280 Montgomery Road		<b>Transaction ID:</b> 26112168
City State Zip Code Cincinnati OH 45236	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer USI	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Dell Van Gilder, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 1991 East Alameda #11		<b>Transaction ID:</b> 26136572
City State Zip Code Denver CO 80209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Van Gilder Insurance Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Darrin J. Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 8005 Davidson Drive		<b>Transaction ID:</b> 26136573
City State Zip Code Plano TX 75025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer IMA Financial Group of Texas, Inc.	Occupation Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bill Behan

Mailing Address 3995 S. Colorado Blvd.

City State Zip Code  
Englewood CO 80113-5037

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

Name of Employer  
Van Gilder Insurance Corporation

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2007

**Transaction ID:** 26136579

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ed Harrington

Mailing Address 10042 S. Deer Creek Street

City State Zip Code  
Highlands Ranch CO 80129

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

Name of Employer  
Van Gilder Insurance Corporation

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2007

**Transaction ID:** 26136583

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Van Gilder

Mailing Address 2500 Cherry Creek Drive S.  
Unit 404

City State Zip Code  
Denver CO 80209

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

Name of Employer  
Van Gilder Insurance Corporation

Occupation  
Insurance broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** 26136715

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James S. Gault		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 1150 Romona Road		<b>Transaction ID:</b> 26139853	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Arthur J. Gallagher & Co. Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald B. Sheehan		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 115 Falcon Ridge Drive		<b>Transaction ID:</b> 26205036	
City State Zip Code Exeter RI 02822	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation American Wholesale Insurance Group (AM) Insurance broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Thomas L. Mangan		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 59 Andrew Road		<b>Transaction ID:</b> 26233779	
City State Zip Code Manhasset NY 11030	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hub International Limited Insurance Broker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	19750.00

**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 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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Citizens for Cochran</b>		Transaction ID: 26059129 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 517 Second St., NE		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/ Type		
Candidate Name Thad Cochran			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Ginny Brown-Waite</b>		Transaction ID: 26059125 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 865		Amount of Each Disbursement this Period 2500.00	
City Brooksville State FL Zip Code 34605	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Virginia Brown-Waite			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brad Miller For United States Congress</b>		Transaction ID: 26059128 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 10322		Amount of Each Disbursement this Period 2000.00	
City Raleigh State NC Zip Code 27605	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Bradley Miller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<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 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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Udall For Colorado Inc</b>		<b>Transaction ID: 26059127</b>	
Mailing Address 8690 Wolff Court #200		Date of Disbursement 06 / 08 / 2007	
City Westminster	State CO	Zip Code 80031	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Mark Udall			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO District: 2			

Full Name (Last, First, Middle Initial) <b>B. Michaud For Congress</b>		<b>Transaction ID: 26059126</b>	
Mailing Address 213 Lisbon Street		Date of Disbursement 06 / 08 / 2007	
City Lewiston	State ME	Zip Code 04240	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Michael H. Michaud			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District: 2			

Full Name (Last, First, Middle Initial) <b>C. Pete Sessions for Congress</b>		<b>Transaction ID: 26062182</b>	
Mailing Address PO Box 38585		Date of Disbursement 06 / 12 / 2007	
City Dallas	State TX	Zip Code 75238	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Pete Sessions			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 5			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<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 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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito for Congress</b>		<b>Transaction ID: 26062223</b> Date of Disbursement 06 / 12 / 2007
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 2000.00
City Charleston	State WV	
Zip Code 25339		
Purpose of Disbursement		
Candidate Name Shelley Moore Capito		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 2		

Full Name (Last, First, Middle Initial) <b>B. The Reed Committee</b>		<b>Transaction ID: 26062187</b> Date of Disbursement 06 / 12 / 2007
Mailing Address 8529 West Oak Place		Amount of Each Disbursement this Period 3000.00
City Vienna	State VA	
Zip Code 22182		
Purpose of Disbursement		
Candidate Name John F. Reed		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 2		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jeb Hensarling</b>		<b>Transaction ID: 26062227</b> Date of Disbursement 06 / 12 / 2007
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 1000.00
City Dallas	State TX	
Zip Code 75382		
Purpose of Disbursement		
Candidate Name Rep. Jeb Hensarling		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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 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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pearce For Congress</b>		<b>Transaction ID: 26062186</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address P.O. Box 2696		Amount of Each Disbursement this Period 1000.00	
City Hobbs State NM Zip Code 88241	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Stevan E. Pearce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mchenry For Congress</b>		<b>Transaction ID: 26062176</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00	
City Hickory State NC Zip Code 28603	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Patrick T. McHenry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ferguson for Congress</b>		<b>Transaction ID: 26136568</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1205 Prince St.		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mike Ferguson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

<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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. The Reed Committee</b>		<b>Transaction ID:</b> 26136569 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 8529 West Oak Place		Amount of Each Disbursement this Period 1000.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement	011 Category/Type	
Candidate Name John F. Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Sherrod Brown</b>		<b>Transaction ID:</b> 26136571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 2884		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013		
Purpose of Disbursement	011 Category/Type	
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pennsylvanians for Kanjorski</b>		<b>Transaction ID:</b> 26136564 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 501 Capitol Court, NE Suite 200		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Paul E. Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

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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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Team Emerson</b>		Transaction ID: 26136565 Date of Disbursement 06 / 21 / 2007
Mailing Address 400 Broadway Ste. 326		Amount of Each Disbursement this Period 1000.00
City Cape Girardeau State MO Zip Code 63701	Purpose of Disbursement 011 Category/Type	
Candidate Name Jo Ann Emerson		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dreier For Congress Committee</b>		Transaction ID: 26136563 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. David Dreier		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee To Elect Chris Murphy</b>		Transaction ID: 26136567 Date of Disbursement 06 / 21 / 2007
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 1000.00
City Cheshire State CT Zip Code 06410	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Christopher S. Murphy		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

<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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Clyburn</b>		<b>Transaction ID:</b> 26136570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. James E. Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Georgians for Isakson</b>		<b>Transaction ID:</b> 26159843 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 71955		Amount of Each Disbursement this Period 2500.00
City Marietta State GA Zip Code 30007	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Johnny Isakson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Boyd for Congress</b>		<b>Transaction ID:</b> 26159831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 227 Massachusetts Ave., NE Suite 101		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

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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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Matheson for Congress</b>		Transaction ID: 26159841 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 677 S. 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City      State UT      Zip Code 84101		
Purpose of Disbursement		011 Category/Type
Candidate Name Jim Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT      District: 2		

Full Name (Last, First, Middle Initial) <b>B. Pat Roberts for Senate</b>		Transaction ID: 26159822 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 433		Amount of Each Disbursement this Period 1000.00
City Great Bend      State KS      Zip Code 67530		
Purpose of Disbursement		011 Category/Type
Candidate Name Pat Roberts		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS      District: 1		

Full Name (Last, First, Middle Initial) <b>C. Pete King for Congress Committee</b>		Transaction ID: 26159842 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 1428		Amount of Each Disbursement this Period 2000.00
City Seaford      State NY      Zip Code 11783		
Purpose of Disbursement		011 Category/Type
Candidate Name Peter T. King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY      District: 3		

<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)

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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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Lee Terry for Congress</b>		Transaction ID: 26159836 Date of Disbursement 06 / 27 / 2007	
Mailing Address PO Box 540098		Amount of Each Disbursement this Period 1000.00	
City Omaha State NE Zip Code 68154	Purpose of Disbursement 011 Category/ Type	Candidate Name Lee Terry	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of John Tanner</b>		Transaction ID: 26159858 Date of Disbursement 06 / 27 / 2007	
Mailing Address 5501 Cherokee Ave., Suite 112		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22312	Purpose of Disbursement 011 Category/ Type	Candidate Name John Tanner	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. McConnell Senate Committee 2008</b>		Transaction ID: 26159821 Date of Disbursement 06 / 27 / 2007	
Mailing Address 400 North Capitol Street NW Suite 585		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20001	Purpose of Disbursement 011 Category/ Type	Candidate Name Mitch McConnell	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<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)

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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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Doris Matsui for Congress</b>		<b>Transaction ID: 26159854</b> Date of Disbursement 06 / 27 / 2007
Mailing Address 6380 Wilshire Blvd Suite 1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mrs. Doris Matsui		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve Israel For Congress Committee</b>		<b>Transaction ID: 26159838</b> Date of Disbursement 06 / 27 / 2007
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City Deer Park State NY Zip Code 11729	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steve J. Israel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean For Congress</b>		<b>Transaction ID: 26159796</b> Date of Disbursement 06 / 27 / 2007
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Melissa L. Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

<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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Dole Committee, Inc.</b>		Transaction ID: 26159857 Date of Disbursement 06 / 27 / 2007	
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27602	Purpose of Disbursement 011 Category/ Type	Candidate Name Mrs. Elizabeth Dole	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Arcuri For Congress</b>		Transaction ID: 26159840 Date of Disbursement 06 / 27 / 2007	
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00	
City Utica State NY Zip Code 13505	Purpose of Disbursement 011 Category/ Type	Candidate Name Mr. Michael Arcuri	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Max Baucus</b>		Transaction ID: 26159825 Date of Disbursement 06 / 27 / 2007	
Mailing Address PO Box 586		Amount of Each Disbursement this Period 2000.00	
City Helena State MT Zip Code 59624	Purpose of Disbursement 011 Category/ Type	Candidate Name Sen. Max Baucus	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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)

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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)  
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Paul Hodes For Congress</b>		<b>Transaction ID: 26159830</b>	
Mailing Address 26 South Main Street, #253		Date of Disbursement 06 / 27 / 2007	
City Concord	State NH	Zip Code 03301	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Paul W. Hodes			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District: 2		

Full Name (Last, First, Middle Initial) <b>B. Ron Lewis For Congress</b>		<b>Transaction ID: 26159826</b>	
Mailing Address PO Box 307		Date of Disbursement 06 / 27 / 2007	
City Elizabethtown	State KY	Zip Code 42702	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Ron Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 2		

Full Name (Last, First, Middle Initial) <b>C. Committee To Elect Chris Murphy</b>		<b>Transaction ID: 26159829</b>	
Mailing Address P.O. Box 127		Date of Disbursement 06 / 27 / 2007	
City Cheshire	State CT	Zip Code 06410	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Christopher S. Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<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 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)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Campbell For Congress

Mailing Address 8105 Irvine Center Dr Suite 1170

City Irvine State CA Zip Code 92618

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. John Campbell

Office Sought:  House  Senate  President  
State: CA District: 48  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID: 26159849**

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Patrick Murphy For Congress

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Patrick Murphy

Office Sought:  House  Senate  President  
State: PA District: 8  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID: 26159850**

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

51500.00

Image# 27990950317

Form/Schedule: **F3XA**

Amend #1 - Is being done to correct data entry error that occurred when setting up the 2008 primary in our Voc-us software; the correct primary date of Nov 8, 2008 was entered; then an additional field asking for the year must be filled in and 2003 was inadvertently entered. All items have been corrected.

Transaction ID:

\*\*\*\*\*