

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Crerar, A., , Ken, [Electronically Filed] Date 10 / 18 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		998436.67
(b) Cash on Hand at Beginning of Reporting Period.....	989920.35	
(c) Total Receipts (from Line 19)	265403.65	1318647.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1255324.00	2317084.48
7. Total Disbursements (from Line 31).....	182697.85	1244458.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1072626.15	1072626.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	227702.60	1158474.39
(ii) Unitemized	31701.05	127673.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	259403.65	1286147.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	264403.65	1296147.81
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.....	1000.00	22500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	265403.65	1318647.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	265403.65	1318647.81

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3952.85	20243.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3952.85	20243.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	166000.00	1206200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	12745.00	13015.00
(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)).....	12745.00	13015.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	182697.85	1244458.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	182697.85	1244458.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	264403.65	1296147.81
34. Total Contribution Refunds (from Line 28(d))	12745.00	13015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	251658.65	1283132.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3952.85	20243.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3952.85	20243.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Carrington, Cristi, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 5th Ave Ste 2300, Suite 2300
 City Seattle State WA Zip Code 98164-2075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Riding Insurance Services, Inc Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2018
Transaction ID : 42719960
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rhodes, Martin, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Center St Ste 1410
 City Little Rock State AR Zip Code 72201-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2018
Transaction ID : 42719961
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Daniele, Dina, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 S 15th St 25th Floor
 City Philadelphia State PA Zip Code 19102-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Graham Co. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2018
Transaction ID : 42719962
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 188
	<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. Gold, Tracy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2355 Crenshaw Blvd Ste 200
Suite 200

City Torrance State CA Zip Code 90501-3329

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 04 / 2018
Transaction ID : 42719967

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7225 Northland Dr N Ste 300

City Minneapolis State MN Zip Code 55428-1575

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

Name of Employer (for Individual) Marsh & McLennan Agency Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 04 / 2018
Transaction ID : 42719968

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 13900 Lakeside Cir

City Sterling Heights State MI Zip Code 48313-1318

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

Name of Employer (for Individual) Sterling Insurance Group Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 04 / 2018
Transaction ID : 42719969

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 111 Center St Ste 1410

City Little Rock	State AR	Zip Code 72201-4431
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719970

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2305 River Rd

City Louisville	State KY	Zip Code 40206-1010
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719971

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 11202 Buckhead Ct

City Midlothian	State VA	Zip Code 23113-1379
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719972

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9713 Key West Ave Ste 401

City Rockville	State MD	Zip Code 20850-4082
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Insurance Exchange, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719973

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 11330 Lakefield Dr Ste 100

City Duluth	State GA	Zip Code 30097-1578
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719974

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 111 Center St Ste 1410

City Little Rock	State AR	Zip Code 72201-4431
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719975

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 188
	<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. Harbour, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Center St Ste 1410
 City Little Rock State AR Zip Code 72201-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 42719976
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McGowan, Donald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Capital Blvd Ste 102
 City Rocky Hill State CT Zip Code 06067-3927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 42719977
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Wells, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N 3rd St
 City Wilmington State NC Zip Code 28401-4528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wells Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018
Transaction ID : 42719978
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 233 W Central St

City Natick	State MA	Zip Code 01760-3757
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eastern Insurance Group LLC	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719979

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2355 Crenshaw Blvd Ste 200

City Torrance	State CA	Zip Code 90501-3329
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719980

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 10401 N Meridian St Ste 300

City Indianapolis	State IN	Zip Code 46290-1113
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719981

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 3401 Enterprise Pkwy Suite 340
Suite 340

City Beachwood	State OH	Zip Code 44122-7340
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hub International Midwest	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719982

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 71 E Fairmount Ave

City Lakewood	State NY	Zip Code 14750-1811
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719983

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2800 N Central Ave Ste 1600

City Phoenix	State AZ	Zip Code 85004-1047
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brown & Brown Insurance of Arizona	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719984

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 401 Route 73 N Ste 300

City Marlton	State NJ	Zip Code 08053-3426
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Conner Strong & Buckelew	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719985

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 220 S Ridgewood Ave

City Daytona Beach	State FL	Zip Code 32114-4318
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719986

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 180 River Road

City Summit	State NJ	Zip Code 07901-1449
----------------	-------------	------------------------

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

Name of Employer (for Individual) HUB International	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719987

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8500.00
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 OF 188
	<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. Christian, Michael, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 Federal St Fl 2

City Boston	State MA	Zip Code 02110-1700
----------------	-------------	------------------------

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

Name of Employer (for Individual) Risk Strategies Company	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719988

Amount of Each Receipt this Period
5000.00

Memo Item

B. Gjellum, Kristi, W, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719989

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 501 Riverside Avenue, Suite 1000

City Jacksonville	State FL	Zip Code 32202-4941
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719990

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 188
	<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. Davis, Kim, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Madison Ave Fl 20

City New York	State NY	Zip Code 10173-0002
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719992

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 300 N La Salle Dr Fl 17

City Chicago	State IL	Zip Code 60654-3406
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Hub International Ltd.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719994

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 222 S Riverside Plz Ste 2340, Suit

City Chicago	State IL	Zip Code 60606-6116
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Maximum Independent Brokerage, LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719997

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 OF 188
	<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. Huval, Thomas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Asma Blvd Ste 300

City Lafayette	State LA	Zip Code 70508-3842
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Brown & Brown, Inc	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42719999

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 30833 Northwestern Hwy Ste 220, Su

City Farmington Hills	State MI	Zip Code 48334-2582
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Burns & Wilcox	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42720000

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 30833 Northwestern Hwy Ste 220, Su

City Farmington Hills	State MI	Zip Code 48334-2582
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Burns & Wilcox	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42720001

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 188
	<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. Burns, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W Madison St Ste 2660
 City Chicago State IL Zip Code 60661-4567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 42720003
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kerr, Richard, K, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12700 Park Central Dr Ste 510
 City Dallas State TX Zip Code 75251-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MarketScout Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 42720004
 Amount of Each Receipt this Period 500.00
 Memo Item

C. McKeown, Gordy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Center St Ste 1410
 City Little Rock State AR Zip Code 72201-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 42720005
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moore, Fred, H, Mr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Chestnut St Ste 500

City Chattanooga	State TN	Zip Code 37450-0021
---------------------	-------------	------------------------

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

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42720006

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 620 Hinesburge Road

City South Burlington	State VT	Zip Code 05403-6500
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42720008

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1728 3rd Ave N Ste 320

City Birmingham	State AL	Zip Code 35203-2033
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Auto Created Organization	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42720009

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ferguson, Bruce, W, Mr., Sr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 23790, PO Box 23790
 City Louisville State KY Zip Code 40223-0790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Underwriters Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2018
Transaction ID : 42720012
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Smith, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 S 15th St 25th Floor
 City Philadelphia State PA Zip Code 19102-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Graham Co. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 42720015
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gaitley, Stephen, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 California St Fl 12
 City San Francisco State CA Zip Code 94111-4624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodruff-Sawyer & Co. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 42720016
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. O'Connor, Carey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Mamaroneck Ave Ste 220

City Harrison	State NY	Zip Code 10528-1600
------------------	-------------	------------------------

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

Name of Employer (for Individual) York International Agency	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720018

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8101 N High St # 30

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

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

Name of Employer (for Individual) Dawson Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720027

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3900 Kinross Lakes Pkwy # 300

City Richfield	State OH	Zip Code 44286-9381
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Dawson Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720028

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3900 Kinross Lakes Pkwy

City Richfield	State OH	Zip Code 44286-9381
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Dawson Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720029

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4500 Town Center Blvd Ste 200

City Jeffersonville	State IN	Zip Code 47130-7149
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720030

Amount of Each Receipt this Period
2500.00

Memo Item

C. Williamson, Charles, E, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 20th Ave S

City Nashville	State TN	Zip Code 37203-2409
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720032

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Van Cleave, Robert, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 20th Ave S Ste 100

City Nashville	State TN	Zip Code 37203-2409
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AssuredPartners/Neace Lukens	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720033

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1540 Cornerstone Blvd Ste 230

City Daytona Beach	State FL	Zip Code 32117-7144
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Foundation Risk Partners	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720034

Amount of Each Receipt this Period
1750.00

Memo Item

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

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720036

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720037

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720041

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720047

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Kelly, Sean, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Fairmount Ave
 City Baltimore State MD Zip Code 21286-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720048
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Schmelz, Leroy, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Fairmount Ave
 City Baltimore State MD Zip Code 21286-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720049
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Henry, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Center St Ste 1410
 City Little Rock State AR Zip Code 72201-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720051
 Amount of Each Receipt this Period 500.00
 Memo Item

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 25 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 300 Summers St Ste 650

City Charleston	State WV	Zip Code 25301-0021
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720054

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 285 Cozzins St

City Columbus	State OH	Zip Code 43215-2334
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AssuredPartners NL	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720055

Amount of Each Receipt this Period
1000.00

Memo Item

C. McCall, Mark, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 Grandview Ave

City Pittsburgh	State PA	Zip Code 15211-4203
--------------------	-------------	------------------------

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

Name of Employer (for Individual) TJS Insurance Group: Employee Benefits	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720058

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Roche, Elisa, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Crenshaw Blvd Ste 200
 City Torrance State CA Zip Code 90501-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keenan Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720059
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Basel, Mary Beth, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720063
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Bechen, Isaac, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720064
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	413.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Boray, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Pkwy
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720066
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Brown, Gerald, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720067
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Brunker, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720068
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Clougherty, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720069
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dandrea, Kim, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Pkwy
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720071
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Deinger, Matthew, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Pkwy
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720072
 Amount of Each Receipt this Period 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 828 John Nolen Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720080

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720083

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 828 John Nolen Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720085

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julius, William, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720086
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Kekula, Sara, E, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.26

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720087
 Amount of Each Receipt this Period 29.18
 Memo Item

C. Kenyon, Christine, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720088
 Amount of Each Receipt this Period 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	279.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 188
	<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. Knatz, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

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

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720089

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 828 John Nolen Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720090

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 828 John Nolen Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720091

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Laborde, Sean, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720093
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LeMire, Patrick, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720094
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Maas, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Corporate Dr Ste 600
 City Wausau State WI Zip Code 54401-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720095
 Amount of Each Receipt this Period 41.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. Malloy, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720097
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Menefee, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720099
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Moore, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720102
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. Niebuhr, Bradley, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 583.38

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720104

Amount of Each Receipt this Period
 83.34

Memo Item

B. Olson, Amy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.69

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720106

Amount of Each Receipt this Period
 41.67

Memo Item

C. Preuss, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Corporate Dr Ste 600

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 583.38

Date of Receipt
 09 / 07 / 2018
Transaction ID : 42720112

Amount of Each Receipt this Period
 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.35
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 188
	<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. Pum, Nanette, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720113

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720115

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720117

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	113.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 188
	<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. Shradar, Eric, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720118
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Steckbauer, Jeffrey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Corporate Dr Ste 600
 City Wausau State WI Zip Code 54401-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720120
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Trinrud, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 Oakwood Hills Pkwy Ste 400
 City Eau Claire State WI Zip Code 54701-7777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720123
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Van Asten, Cynthia, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Pilgrim Way Ste 1230
 City Green Bay State WI Zip Code 54304-5279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720124
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Van Dam, Dale, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Parkway
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720125
 Amount of Each Receipt this Period 208.34
 Memo Item

C. Vanderlip, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720126
 Amount of Each Receipt this Period 41.68
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 188
	<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. Victorson, Mike, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720128
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Yeager, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720132
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Twietmeyer, Rich, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Discovery Pkwy
 City Wauwatosa State WI Zip Code 53226-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1166.68

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720134
 Amount of Each Receipt this Period 166.68
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Boyd, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 B St Ste 2100
 City San Diego State CA Zip Code 92101-8197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrowhead General Insurance Agency, In Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720135
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Miller, Jeremy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Riverside Avenue, Suite 1000
 City Jacksonville State FL Zip Code 32202-4941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harden Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720136
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Carmody, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Windward Plz Ste 430
 City Alpharetta State GA Zip Code 30005-8702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Created Organization Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720138
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8 Stanley Cir Ste 1
Suite 1

City Latham State NY Zip Code 12110-2606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720139

Amount of Each Receipt this Period 1600.00

Memo Item

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

Mailing Address 30 S 15th St Fl 25

City Philadelphia State PA Zip Code 19102-4826

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

Name of Employer (for Individual) The Graham Co. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720140

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 580 N. Fourth St. Suite 450

City Columbus State OH Zip Code 43215-2125

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

Name of Employer (for Individual) Broadstreet Partners, Inc. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720142

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 188
	<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. Feldmeyer, Brian, K, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8163 Old Yankee St Ste D
 City Dayton State OH Zip Code 45458-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners/Neace Lukens Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720144
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Floyd, Harry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Roxborough Rd Ste 300
 City Charlotte State NC Zip Code 28211-5588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720145
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Goldman, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Madison Ave Fl 20
 City New York State NY Zip Code 10173-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720147
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 723 Concord Avenue

City St Johnsbury	State VT	Zip Code 05819-2459
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720148

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 340 Madison Ave Fl 20

City New York	State NY	Zip Code 10173-0002
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720149

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 500 W Madison St Ste 2400

City Chicago	State IL	Zip Code 60661-4564
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720150

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 188
	<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. Spradley, Suzanne, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 S Capital of Texas Hwy Bldg 2
 City West Lake Hills State TX Zip Code 78746-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720151
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Nelson, Carl, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Madison Ave Fl 20
 City New York State NY Zip Code 10173-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720154
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Schneider, Brett, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Madison Ave Fl 20
 City New York State NY Zip Code 10173-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720155
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 188
	<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. Woodward, Brett, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 W Madison St Ste 2700
Suite 2700

City Chicago State IL Zip Code 60661-4568

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720156

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 340 Madison Ave Fl 20

City New York State NY Zip Code 10173-0002

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720157

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 500 Mamaroneck Ave Ste 220

City Harrison State NY Zip Code 10528-1600

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

Name of Employer (for Individual) York International Agency Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720158

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 188
	<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. Bodack, Michael, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Mamaroneck Ave Ste 220
 Ste 220
 City Harrison State NY Zip Code 10528-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 York International Agency Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720159
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Krantz, James, I, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Mamaroneck Ave Ste 220
 City Harrison State NY Zip Code 10528-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 York International Agency Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720160
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. DeMatteo, Stephen, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Mamaroneck Ave Ste 220
 City Harrison State NY Zip Code 10528-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 York International Agency Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : 42720161
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 188
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Castella, Angelka, , Ms.,		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 42720162
Name of Employer (for Individual) York International Agency		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Insurance Broker		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goldenberg, Brian, , Mr.,		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 42720163
Name of Employer (for Individual) York International Agency		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Insurance Broker		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bedosky, Stephen, , Mr.,		Date of Receipt
Mailing Address 500 Mamaroneck Ave Ste 220		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Harrison	State NY	Zip Code 10528-1600
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 42720164
Name of Employer (for Individual) York International Agency		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Insurance Broker		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 188
	<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. Hammond, Douglas, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Madison Ave Fl 20

City New York	State NY	Zip Code 10173-0002
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720166

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 1 Metroplex Dr Ste 400

City Birmingham	State AL	Zip Code 35209-6895
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720167

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4725 Piedmont Row Dr Ste 600

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720169

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 188
	<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. Michael, Evan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Madison Ave Fl 20

City New York	State NY	Zip Code 10173-0002
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720170

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 500 Mamaroneck Ave Ste 220
Ste 220

City Harrison	State NY	Zip Code 10528-1600
------------------	-------------	------------------------

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

Name of Employer (for Individual) York International Agency	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720172

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 500 Mamaroneck Ave Ste 220

City Harrison	State NY	Zip Code 10528-1600
------------------	-------------	------------------------

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

Name of Employer (for Individual) York International Agency	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : 42720173

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Blumencranz, Marc, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Executive Drive
 City Plainview State NY Zip Code 11803-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BWD Group L.L.C. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720178
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Plumhoff, Jonathan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Greenway Plz Ste 1910
 City Houston State TX Zip Code 77046-0942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720180
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lombardi, Henry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 S Capital of Texas Hwy Bldg 2
 City West Lake Hills State TX Zip Code 78746-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 42720181
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 Parkway North Blvd Ste 500

City Deerfield	State IL	Zip Code 60015-2567
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : 42720183

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1100 Summer St

City Stamford	State CT	Zip Code 06905-5515
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : 42720184

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 300 Crescent Ct Ste 600

City Dallas	State TX	Zip Code 75201-1889
----------------	-------------	------------------------

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

Name of Employer (for Individual) Stephens Insurance LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 42720185

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 188
	<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. Montella, Debra, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 S 15th St Fl 25
25th Floor

City Philadelphia	State PA	Zip Code 19102-4826
----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Graham Co.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 42720186

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1477 S Knowles Ave Ste 200

City New Richmond	State WI	Zip Code 54017-2543
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 42720187

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1900 W Nickerson St Ste 300

City Seattle	State WA	Zip Code 98119-1650
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 42720190

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 140 Township Ave Ste 202
 Suite 202

City Ridgeland	State MS	Zip Code 39157-2094
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Stephens Insurance LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 11 / 2018
Transaction ID : 42720191

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 30 S 15th St Fl 25

City Philadelphia	State PA	Zip Code 19102-4826
----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Graham Co.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 11 / 2018
Transaction ID : 42720192

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 3525 Piedmont Road NE Bldg 5, Suit

City Atlanta	State GA	Zip Code 30305-1578
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Peachtree Special Risk Brokers	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 11 / 2018
Transaction ID : 42720193

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 188
	<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. Baeurle, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Nine Gates Rd

City Chadds Ford	State PA	Zip Code 19317-9258
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 42720194

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 30 S 15th St Fl 25

City Philadelphia	State PA	Zip Code 19102-4826
----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Graham Co.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 42720195

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 11225 SE 6th St Ste 110, Suite 110

City Bellevue	State WA	Zip Code 98004-6478
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 42720196

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 188
	<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. Sanford, Donna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1728 3rd Ave N Ste 320

City Birmingham	State AL	Zip Code 35203-2033
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Stephens Insurance, LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2018

Transaction ID : 42720197

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1250 S Capital of Texas Hwy Bldg 2

City West Lake Hills	State TX	Zip Code 78746-6446
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720199

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720201

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 188
	<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. Mauser, James, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Fairmount Ave
 City Baltimore State MD Zip Code 21286-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 12 / 2018
Transaction ID : 42720202
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Gaughan, James, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Bent Creek Blvd Ste 130
 City Mechanicsburg State PA Zip Code 17050-1870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 12 / 2018
Transaction ID : 42720203
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Carnell, Kevin, , Mr., Esq
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Fairmount Ave
 City Baltimore State MD Zip Code 21286-5417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 09 / 12 / 2018
Transaction ID : 42720204
 Amount of Each Receipt this Period 1750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Haney, David, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Radnor Corporate Ctr Ste 240
 City Radnor State PA Zip Code 19087-4514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RCM&D, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720210
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Braniff, John, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Greenway Plz Ste 1910
 City Houston State TX Zip Code 77046-0942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephens Insurance LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720211
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Milward, John, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 E Vine St
 City Lexington State KY Zip Code 40507-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Powell Walton Milward Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720212
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
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 57 OF 188
	<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. Kelly, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 E Vine St
 City Lexington State KY Zip Code 40507-1522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J. Smith Lanier & Co., Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720213
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schifano, Thomas, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 River Rd
 City Louisville State KY Zip Code 40206-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720214
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kurowski, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2023 W Guadalupe Rd Ste 2
 City Mesa State AZ Zip Code 85202-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Created Organization Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 42720217
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. O'Malley, Ed, G, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1250 S Capital of Texas Hwy Bldg 2

City West Lake Hills	State TX	Zip Code 78746-6446
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720218

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 11740 SW 68th Pkwy Ste 200

City Portland	State OR	Zip Code 97223-9058
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720219

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 360 E Vine St

City Lexington	State KY	Zip Code 40507-1522
-------------------	-------------	------------------------

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

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720220

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 59 OF 188
	<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. Saich, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1250 S Capital of Texas Hwy Bldg 2

City West Lake Hills	State TX	Zip Code 78746-6446
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42720221

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 7632 SW Durham Rd Ste 115

City Tigard	State OR	Zip Code 97224-7597
----------------	-------------	------------------------

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

Name of Employer (for Individual) Davidson Benefits Planning, LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720222

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720223

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 188
	<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. Eidenier, Aaron, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720224

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720225

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 9

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720226

Amount of Each Receipt this Period
275.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pridgeon, William, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 12, Fl 12
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720227
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Swisher, Rebecca, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720230
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Tucker, Dennis, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720231
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1775.00
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 62 OF 188
	<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. Wieligman, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 9
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720233
 Amount of Each Receipt this Period 275.00
 Memo Item

B. Cook, Brian, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7077 Bonneval Rd Ste 550 Suite 550
 City Jacksonville State FL Zip Code 32216-6055
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720234
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Nixon, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7077 Bonneval Rd Ste 550 Ste 550
 City Jacksonville State FL Zip Code 32216-6055
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720235
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 188
	<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. Boone, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Pkwy Ste 300 Ste 300

City Lake Mary State FL Zip Code 32746-5018

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720236

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 250 International Pkwy Ste 330

City Lake Mary State FL Zip Code 32746-5055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720237

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 250 International Pkwy Ste 330

City Lake Mary State FL Zip Code 32746-5055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720238

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Nolan, Bill, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 International Pkwy Ste 300
 Ste 300
 City Lake Mary State FL Zip Code 32746-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720239
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Langman, Linda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Freedom Square Dr Ste 400
 City Independence State OH Zip Code 44131-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720241
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Brewster, Robert, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 565 Metro PI S Ste 450
 City Dublin State OH Zip Code 43017-5386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 13 / 2018
Transaction ID : 42720242
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 188
	<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. Fugazzi, Daniel, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 565 Metro PI S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720245

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 565 Metro PI S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720246

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 85 Campau Ave NW Ste 100 Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720248

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 10401 N. Meridian Street Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720249

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City Ann Arbor	State MI	Zip Code 48105-9484
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2018

Transaction ID : 42720251

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8110 E Union Ave Ste 700

City Denver	State CO	Zip Code 80237-2966
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720255

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 188
	<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. Donlin, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Cityplace Dr Ste 900

City Saint Louis	State MO	Zip Code 63141-7088
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720263

Amount of Each Receipt this Period
750.00

Memo Item

B. Giblin, Sallie, F, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4275 Executive Sq Ste 600

City La Jolla	State CA	Zip Code 92037-1433
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720266

Amount of Each Receipt this Period
750.00

Memo Item

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

Mailing Address 3280 Peachtree Rd NE Ste 250

City Atlanta	State GA	Zip Code 30305-2450
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720273

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 188
	<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. Hostovich, Teena, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 S Figueroa St Fl 35
 City Los Angeles State CA Zip Code 90017-5435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Insurance Brokers, LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720274
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Nelson, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 W 47th St Ste 900
 City Kansas City State MO Zip Code 64112-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720283
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Racunas, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 S Figueroa St Fl 35
 City Los Angeles State CA Zip Code 90017-5435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Insurance Brokers, LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720285
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Shaffer, H. Stanton, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 SW 160th Ave Ste 200
 City Miramar State FL Zip Code 33027-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Companies, LLC - Florida Divis Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720287
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Sumner, Jeffrey, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Arbor Way Ste 250
 City Blue Bell State PA Zip Code 19422-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720293
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Sharma, Manoj, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3280 Peachtree Rd NE Ste 250 Suite 250
 City Atlanta State GA Zip Code 30305-2450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720301
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 70 OF 188
	<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. Hylant, Richard, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 12
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720302
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Petro, William, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720303
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Procaccini, Mario, N, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720305
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 188
	<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. Sanders, Jeffrey, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 E Business Way Suite 420

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720309

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720310

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 565 Metro Pl S Ste 450

City Dublin	State OH	Zip Code 43017-5386
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720312

Amount of Each Receipt this Period
200.00

Memo Item

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 72 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Godley, Christopher, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 565 Metro PI S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720314

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 565 Metro PI S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720315

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 2401 West Big Beaver Road Suite 40

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720317

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6714 Pointe Inverness Way Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720321

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 10401 N. Meridian Street Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720325

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 10401 N. Meridian Street Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720326

Amount of Each Receipt this Period
275.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Berenzweig, Andrew, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 7
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720327
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bogart, Steven, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 8
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720328
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Holland, Marc, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 West Big Beaver Road Suite 40
 City Troy State MI Zip Code 48084-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720333
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 188
	<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. Hylant, Jeannie, Y, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 9
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720334
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hylant, Michael, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 12, Fl 12
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720335
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kelleher, Robert, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 8
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720336
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 188
	<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. Hylant, Patrick, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 12

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720337

Amount of Each Receipt this Period
1000.00

Memo Item

B. Reid, Arden, M, Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13810 Fnb Pkwy Ste 300

City Omaha	State NE	Zip Code 68154-5217
---------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720338

Amount of Each Receipt this Period
500.00

Memo Item

c. McCumber, Charisse, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720340

Amount of Each Receipt this Period
700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720341

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720342

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 2727 Grand Prairie Pkwy

City Waukee	State IA	Zip Code 50263-8844
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720345

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sporer, Teresa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720348
 Amount of Each Receipt this Period 555.00
 Memo Item

B. Willadsen, Ellen, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720349
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Knutson, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 1st St SE Ste 700 STE 700
 City Cedar Rapids State IA Zip Code 52401-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720350
 Amount of Each Receipt this Period 1025.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 188
	<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. Wiederin, Lori, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720351
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bierman, Brad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12712 Park Central Dr Ste 100
 City Dallas State TX Zip Code 75251-1527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720354
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Cooling, Kari, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720355
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McManus, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720357
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ratzlaff, Kurt, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5120 S Solberg Ave
 City Sioux Falls State SD Zip Code 57108-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720358
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Deimerly, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720361
 Amount of Each Receipt this Period 348.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1598.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : 42720362

Amount of Each Receipt this Period
1500.00

Memo Item

B. Reavis, Jay, K, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : 42720363

Amount of Each Receipt this Period
417.00

Memo Item

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

Mailing Address 5120 S Solberg Ave

City Sioux Falls	State SD	Zip Code 57108-2219
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : 42720364

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3917.00
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 82 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kaprosoy, Dale, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720370
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Marquet, James, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 S 15th St 25th Floor
 City Philadelphia State PA Zip Code 19102-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Graham Co. Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720373
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Rader, Mark, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 42720374
 Amount of Each Receipt this Period
 350.00
 Memo Item

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 83 OF 188
	<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. Neate, Dennis, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Superior Ave E Ste 1500

City Cleveland	State OH	Zip Code 44114-2544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720375

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

City Cleveland	State OH	Zip Code 44114-2544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720377

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 565 Metro Pl S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
349.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720379

Amount of Each Receipt this Period
16.52

Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 811 Madison Ave Fl 7

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720384

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2401 West Big Beaver Road Suite 40

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720386

Amount of Each Receipt this Period
11.00

Memo Item

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

Mailing Address 6714 Pointe Inverness Way Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720389

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	101.00
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 85 OF 188
	<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. Bulp, Deborah, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 10

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720391

Amount of Each Receipt this Period
38.00

Memo Item

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

Mailing Address 100 S College Ave Ste 230

City Bloomington	State IN	Zip Code 47404-5163
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720395

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 85 Campau Ave NW Ste 100

City Grand Rapids	State MI	Zip Code 49503-2606
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720396

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 188
	<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. Downs, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 40

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720397

Amount of Each Receipt this Period
24.88

Memo Item

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

Mailing Address 565 Metro PI S Ste 450

City Dublin	State OH	Zip Code 43017-5386
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720398

Amount of Each Receipt this Period
22.88

Memo Item

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

Mailing Address 6000 Freedom Square Dr Ste 400

City Cleveland	State OH	Zip Code 44131-2554
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
206.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720399

Amount of Each Receipt this Period
22.88

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.64
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 87 OF 188
	<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. Gillmor, Jeffrey, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720401

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 6000 Freedom Square Dr Ste 400

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720402

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720403

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 88 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenerson, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Cadillac Dr Ste 230
 City Brentwood State TN Zip Code 37027-5392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720406
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Langman, Linda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Freedom Square Dr Ste 400
 City Independence State OH Zip Code 44131-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720408
 Amount of Each Receipt this Period 16.52
 Memo Item

C. Lash, James, R, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 E Business Way Suite 420
 City Cincinnati State OH Zip Code 45241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.96

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720409
 Amount of Each Receipt this Period 41.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	98.04
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 89 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Leininger, Vicki, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6714 Pointe Inverness Way Ste 100
 City Fort Wayne State IN Zip Code 46804-7935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720410
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Ligus, Stephen, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Freedom Square Dr Ste 400
 City Cleveland State OH Zip Code 44131-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720412
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Madison, Thomas, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Ave NW Ste 100
 City Grand Rapids State MI Zip Code 49503-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.24

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720413
 Amount of Each Receipt this Period 22.88
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.88
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 90 OF 188
	<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. McDaniel, Patrick, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 40

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720415

Amount of Each Receipt this Period
41.52

Memo Item

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

Mailing Address 811 Madison Ave Fl 10

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720417

Amount of Each Receipt this Period
41.52

Memo Item

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

Mailing Address 811 Madison Ave Fl 12, Fl 12

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
206.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720418

Amount of Each Receipt this Period
22.88

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mowery, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 International Pkwy Ste 330

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720419

Amount of Each Receipt this Period
 30.00

Memo Item

B. Murray, Shaun, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720420

Amount of Each Receipt this Period
 30.00

Memo Item

C. Nemmers, Gregory, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Ave NW Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 207.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720421

Amount of Each Receipt this Period
 23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.00
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 92 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10401 N. Meridian Street Suite 200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720422

Amount of Each Receipt this Period
38.00

Memo Item

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

Mailing Address 2401 West Big Beaver Road Suite 40

City Troy	State MI	Zip Code 48084-3327
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720423

Amount of Each Receipt this Period
22.88

Memo Item

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

Mailing Address 6000 Freedom Square Dr Ste 400

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720426

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.88
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 93 OF 188
	<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. Stewart, Rebecca, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 8

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720433

Amount of Each Receipt this Period
22.00

Memo Item

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

Mailing Address 811 Madison Ave Fl 11

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720436

Amount of Each Receipt this Period
41.52

Memo Item

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

Mailing Address 811 Madison Ave Fl 7

City Toledo	State OH	Zip Code 43604-5626
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720437

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.52
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 94 OF 188
	<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. Baltas, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720440
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Bowman, Cynthia, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500 Suite 600
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720441
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Brancovsky, William, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720442
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Catania, Paul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720443
 Amount of Each Receipt this Period 60.00
 Memo Item

B. DuBois, Joseph, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720445
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Feliciano, Brian, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720446
 Amount of Each Receipt this Period 80.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 188
	<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. Fisher, William, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Superior Ave E Ste 1500

City Cleveland	State OH	Zip Code 44114-2544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
738.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720447

Amount of Each Receipt this Period
82.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720448

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720449

Amount of Each Receipt this Period
210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
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 97 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lancaster, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720451
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Sadlier, Jonathan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720453
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Schwab, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720454
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	131.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 188		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Barnes, Karen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW Suite 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720474

Amount of Each Receipt this Period
 250.00

Memo Item

B. Gfroerer, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St Ste 1900

City Minneapolis	State MN	Zip Code 55402-4638
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cobb Strecker Dunphy & Zimmerman	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720477

Amount of Each Receipt this Period
 250.00

Memo Item

C. Oestreich, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 990

City Middleton	State WI	Zip Code 53562-4770
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cobb, Strecker, Dunphy & Zimmerman	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 42720478

Amount of Each Receipt this Period
 250.00

Memo Item

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 99 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 150 S 5th St Ste 2800

City Minneapolis	State MN	Zip Code 55402-4239
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cobb, Strecker, Dunphy & Zimmermann	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720484

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 12712 Park Central Dr Ste 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720487

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 8900 Keystone Xing Ste 300

City Indianapolis	State IN	Zip Code 46240-4698
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720490

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 188
	<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. Ferenchak, Kimberley, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720492
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Taylor, Eddie, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720493
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lukacs, Janet, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42720494
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 188
	<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. Pace, Zack, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9755 Patuxent Woods Dr Ste 200

City Columbia	State MD	Zip Code 21046-1529
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720499

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 45 Executive Dr

City Plainview	State NY	Zip Code 11803-1703
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720501

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address PO Box 5002

City Alamosa	State CO	Zip Code 81101-7012
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720505

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1775.00
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 102 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 216 S 200 W, Suite 301

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720506

Amount of Each Receipt this Period
2.00

Memo Item

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

Mailing Address 216 S 200 W Ste 301

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720507

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1740 Calle De Mercado Ste E

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720511

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7881 W Charleston Blvd Ste 140

City Las Vegas	State NV	Zip Code 89117-8326
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720525

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1644 Plank Rd

City Duncansville	State PA	Zip Code 16635-8376
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720527

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 72 Suttle St Unit L

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42720537

Amount of Each Receipt this Period
16.50

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720538

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1100 Superior Avenue, Suite 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720539

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720540

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1100 Superior Ave E Ste 1500
1100 Superior Avenue, Suite 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720541

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720542

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1 S Main St Ste 201

City Akron	State OH	Zip Code 44308-1833
---------------	-------------	------------------------

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720544

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 1100 Superior Ave E Ste 1500

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

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

Transaction ID : 42720546

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

Transaction ID : 42720549

Amount of Each Receipt this Period
700.00

Memo Item

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

Mailing Address 12712 Park Central Dr Ste 100 Ste

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2018

Transaction ID : 42720554

Amount of Each Receipt this Period
1750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2950.00
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 107 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 13810 Fnb Pkwy Ste 300

City Omaha	State NE	Zip Code 68154-5217
---------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720555

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 12712 Park Central Dr Ste 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720557

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 12712 Park Central Dr Ste 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720559

Amount of Each Receipt this Period
1416.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2266.00
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 108 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City Ann Arbor	State MI	Zip Code 48105-9484
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : 42720560

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 1828 Walnut St Ste 701
STE 701

City Kansas City	State MO	Zip Code 64108-2150
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
813.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720561

Amount of Each Receipt this Period
813.00

Memo Item

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

Mailing Address 12712 Park Central Dr Ste 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720563

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3588.00
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 109 OF 188
	<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. Renske, Mark, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 E Business Way Suite 420

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

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

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

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720565

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 6000 Freedom Square Dr Ste 400

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720566

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address 6000 Freedom Square Dr Ste 400

City Independence	State OH	Zip Code 44131-2554
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720567

Amount of Each Receipt this Period
275.00

Memo Item

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 110 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Randles, Rebekkah, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Freedom Square Dr Ste 400
 City Independence State OH Zip Code 44131-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720569
 Amount of Each Receipt this Period 275.00
 Memo Item

B. McGrath, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W. Monroe St Suite 3400 Suite 3400
 City Chicago State IL Zip Code 60661-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720571
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Wright, William, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3280 Peachtree Rd NE Ste 250 Suite 250
 City Atlanta State GA Zip Code 30305-2450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720580
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
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 111 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3 Cityplace Dr Ste 900

City Saint Louis	State MO	Zip Code 63141-7088
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720581

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8110 E Union Ave Ste 700

City Denver	State CO	Zip Code 80237-2966
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720583

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 200 Colonial Center Pkwy Ste 150

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720591

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 188
	<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. Shoaf, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 W. Monroe St Suite 3400
 Suite 3400
 City Chicago State IL Zip Code 60661-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720593
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Simonson, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4725 Piedmont Row Dr Ste 510
 City Charlotte State NC Zip Code 28210-4282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720594
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Simpson, Grover, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 W 47th St Ste 900
 City Kansas City State MO Zip Code 64112-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 42720595
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Spalding, Maggie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Burton Hills Blvd Ste 200
 City Nashville State TN Zip Code 37215-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Companies, Inc. - Nashville Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : 42720597
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Squire, Brock, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14850 N Scottsdale Rd Ste 225
 City Scottsdale State AZ Zip Code 85254-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : 42720599
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Tomlinson, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19800 Macarthur Blvd Ste 1250
 City Irvine State CA Zip Code 92612-2475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton Insurance Brokers, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2018
Transaction ID : 42720602
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 114 OF 188
	<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. Trcka, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 E Sonterra Blvd Ste 125

City San Antonio	State TX	Zip Code 78258-4345
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : 42720603

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 200 Colonial Center Pkwy Ste 150

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : 42720609

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1100 Superior Ave E Ste 1500

City Cleveland	State OH	Zip Code 44114-2544
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

Transaction ID : 42720610

Amount of Each Receipt this Period
700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3700.00
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 115 OF 188
	<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. Knudson, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Livingston Ave
 City Roseland State NJ Zip Code 07068-1733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown Metro, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 42720614
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ciasulli, Amy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Madison Ave Fl 20 20th Floor
 City New York State NY Zip Code 10173-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 42720628
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. D'Orazio, Gregroy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1317 Route 73 Ste 101 Suite 101
 City Mount Laurel State NJ Zip Code 08054-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners/AJM Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 42720630
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 116 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Fuller, David, A, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5905 E Galbraith Rd Ste 5000
 City Cincinnati State OH Zip Code 45236-2378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 42720631
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Keller, Zachary, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Maccorkle Ave SE
 City Charleston State WV Zip Code 25314-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assured Partners of WV, LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 42720632
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Purcell, Martin, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 S 15th St Fl 25
 City Philadelphia State PA Zip Code 19102-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Graham Co. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 42720633
 Amount of Each Receipt this Period 250.00
 Memo Item

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 117 OF 188
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	<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. Wise, Alan, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 Roxborough Rd Ste 300

City Charlotte	State NC	Zip Code 28211-5588
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 42720635

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 6873 N West Ave Ste 101

City Fresno	State CA	Zip Code 93711-4308
----------------	-------------	------------------------

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

Name of Employer (for Individual) DiBuduo & DeFendis Insurance Brokers,	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 42720636

Amount of Each Receipt this Period
5000.00

Memo Item

C. Kable, William, H, Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Fairmount Ave

City Baltimore	State MD	Zip Code 21286-5417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RCM&D, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 42720647

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6300.00
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 118 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 340 Maccorkle Ave SE

City Charleston	State WV	Zip Code 25314-1100
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AssuredPartners of WV, LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 42720649

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 1 Insurance Way

City Ona	State WV	Zip Code 25545-9525
-------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 42720650

Amount of Each Receipt this Period
600.00

Memo Item

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

Mailing Address 6873 N West Ave Ste 101

City Fresno	State CA	Zip Code 93711-4308
----------------	-------------	------------------------

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

Name of Employer (for Individual) DiBudo & DeFendis Insurance Brokers,	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 42720651

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6200.00
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 119 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 42720654

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : 42720656

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 201 E 5th St Ste 1900

City Cincinnati	State OH	Zip Code 45202-4162
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Oswald Companies	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2018

Transaction ID : 42720657

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 120 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Boychenko, Nataliya, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42720661
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Armatis, Melissa, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3099 Biddle Ave Ste 200
 City Wyandotte State MI Zip Code 48192-5901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daly Merritt Inc./AssuredPartners, Inc Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 42720668
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Daly, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3099 Biddle Ave
 City Wyandotte State MI Zip Code 48192-5901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daly Merritt Inc./AssuredPartners, Inc Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 42720669
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Daly, Joseph, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3099 Biddle Ave Ste 200

City Wyandotte	State MI	Zip Code 48192-5901
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42720670

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 605 Chestnut St Ste 500, Liberty T

City Chattanooga	State TN	Zip Code 37450-0021
---------------------	-------------	------------------------

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

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42720671

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 4275 Executive Sq Ste 600

City La Jolla	State CA	Zip Code 92037-1433
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

Transaction ID : 42720672

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 122 OF 188
	<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. Pucel, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 Wayzata Blvd Ste 510
 Suite 510
 City Minneapolis State MN Zip Code 55416-3577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720683
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Runnion, Brooke, E, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 W 47th St Ste 900
 City Kansas City State MO Zip Code 64112-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720688
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schloesslin, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 W 47th St Ste 900
 City Kansas City State MO Zip Code 64112-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lockton, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720690
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 188
	<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. Schornack, Richard, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 N Harwood St Ste 2500
 City Dallas State TX Zip Code 75201-6527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dallas Series of Lockton Companies, LL Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720691
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Bair, R. Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Colonial Center Pkwy Ste 150
 City Lake Mary State FL Zip Code 32746-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720696
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Gobler, Rich, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pine St Fl 23
 City San Francisco State CA Zip Code 94111-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns & Wilcox Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720697
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 124 OF 188
	<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. Krause, Peter, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11330 Lakefield Dr Ste 100

City Johns Creek	State GA	Zip Code 30097-1578
---------------------	-------------	------------------------

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

Name of Employer (for Individual) J. Smith Lanier & Co., Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720698

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 18050 Saturn Ln Ste 200 Suite 200

City Houston	State TX	Zip Code 77058-4502
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720699

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 360 E Vine St

City Lexington	State KY	Zip Code 40507-1522
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Powell Walton Milward	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720700

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 125 OF 188
	<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. Stitik, Derick, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 N West Shore Blvd Ste 810, Su

City Tampa	State FL	Zip Code 33607-4585
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720701

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 200 Corporate PI Ste 220

City Rocky Hill	State CT	Zip Code 06067-1861
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720702

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 200 Colonial Center Pkwy Ste 150

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720703

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 126 OF 188
	<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. Idoux, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 Ross Ave Ste 1200

City Dallas	State TX	Zip Code 75201-7943
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720704

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 725 S Figueroa St Fl 35

City Los Angeles	State CA	Zip Code 90017-5435
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lockton Insurance Brokers, LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720705

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : 42720710

Amount of Each Receipt this Period
265.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1265.00
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 127 OF 188
	<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. Watts, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 Walnut St Ste 701, Suite 700
 STE 701
 City Kansas City State MO Zip Code 64108-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 42720713
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Engebrecht, Drew, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 42720716
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Krier, Greg, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5120 S Solberg Ave
 City Sioux Falls State SD Zip Code 57108-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 42720717
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 188
	<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. Harris, Steven, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12712 Park Central Dr Ste 100

City Dallas	State TX	Zip Code 75251-1527
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : 42720718

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2727 Grand Prairie Pkwy

City Waukee	State IA	Zip Code 50263-8844
----------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : 42720719

Amount of Each Receipt this Period
3000.00

Memo Item

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

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
413.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

Transaction ID : 42720721

Amount of Each Receipt this Period
413.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3913.00
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 129 OF 188
	<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. Sloane, George Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 94th Ave N

City St Petersburg	State FL	Zip Code 33702-2482
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wright National Flood Insurance Compan	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720737

Amount of Each Receipt this Period
250.00

Memo Item

B. Walker, Chris, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 B St Suite 2100

City San Diego	State CA	Zip Code 92101-8197
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Arrowhead General Insurance Agency, In	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720738

Amount of Each Receipt this Period
1000.00

Memo Item

C. Freebourn, Rich, A, Mr., Sr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 S Ridgewood Ave

City Daytona Beach	State FL	Zip Code 32114-4318
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720739

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Templeton-Jones, Patricia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 94th Ave N Ste 110

City St Petersburg	State FL	Zip Code 33702-2478
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wright National Flood Insurance Compan	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720740

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 725 S Figueroa St Fl 35

City Los Angeles	State CA	Zip Code 90017-5435
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lockton Insurance Brokers, LLC	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720743

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1705 17th St Ste 100

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720750

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Batz, Tim, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720751
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lynch, Michael, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720752
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wilkerson, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of NE Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720753
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ware, Mark, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720754
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Thornton, Dyan, M, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720757
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Syring, Erin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720759
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 133 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Herr, Andria, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 International Pkwy Ste 330
 City Lake Mary State FL Zip Code 32746-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720762
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Maconaghy, Jeffrey, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 W Street Rd Ste C
 City Warminster State PA Zip Code 18974-3140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AssuredPartners, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720763
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Crerar, Ken, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Suite 750
 City Washington State DC Zip Code 20004-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents & Brokers, Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 28 / 2018
Transaction ID : 42720764
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1458.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 701 Pennsylvania Ave NW Ste 750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720765

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Ste 750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720766

Amount of Each Receipt this Period
21.00

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Suite 750

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1820.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720767

Amount of Each Receipt this Period
104.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 188
	<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. Bartlett, Blaire, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave NW Ste 750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720768

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Suite 750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720769

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 701 Pennsylvania Ave NW Suite 750

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3819.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720770

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 701 Pennsylvania Ave NW Suite 750

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720771

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address PO Box 5002

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720774

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 216 S 200 W, Suite 301

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
536.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720775

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 216 S 200 W Ste 301

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720776

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1740 Calle De Mercado Ste E

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720780

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 7881 W Charleston Blvd Ste 140

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720794

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moore, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1644 Plank Rd

City Duncansville	State PA	Zip Code 16635-8376
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group, The	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720796

Amount of Each Receipt this Period
50.00

Memo Item

B. Toner, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Suttle St Unit L

City Durango	State CO	Zip Code 81303-6829
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schield-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : 42720806

Amount of Each Receipt this Period
16.50

Memo Item

C. Brown, Barrett, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Concourse Pkwy Ste 2300

City Atlanta	State GA	Zip Code 30328-6185
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Beecher Carlson, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : 42721033

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Scali, Terry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 N Hayden Rd

City Scottsdale	State AZ	Zip Code 85258-2453
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NFP	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

Transaction ID : 42721034

Amount of Each Receipt this Period
2000.00

Memo Item

B. Ouimet, Jerry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 S 5th St Ste 2800

City Minneapolis	State MN	Zip Code 55402-4239
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cobb Strecker Dunphy & Zimmerman	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : 42721035

Amount of Each Receipt this Period
1250.00

Memo Item

C. Breedlove, Mike, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12725 Norris Road EXT STE 200

City Alpharetta	State GA	Zip Code 30004-3874
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regions Insurance INC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42721037

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 140 OF 188
	<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. Guastella, Marty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Ave E Ste 1500
 City Cleveland State OH Zip Code 44114-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42721038
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Keegan, Rhonda, K, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736724
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$0.00

C. Sparks, Tina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 LBJ Freeway, Suite 200
 City Dallas State TX Zip Code 75240-6359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA | Waldman Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736725
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$120.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	250.00
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 141 OF 188
	<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. Wells, Blake, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 E 32nd St N

City Wichita	State KS	Zip Code 67226-2606
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IMA of Kansas, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736726

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

B. Pride, Tracy, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736727

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

C. Sandy, Brian, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736728

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 142 OF 188
	<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. Tolliver, Jim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736729

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

B. Rohs, Ruth, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St. Suite 100

City Denver	State CO	Zip Code 80202-1260
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736730

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

C. Felix, Tristram, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St. Ste 100

City Denver	State CO	Zip Code 80202-1260
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736731

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$240.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 143 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Jenkins, Samantha, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736732
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$0.00

B. Hornbeck, Margaret, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736733
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$600.00 This changes the YTD Total to \$0.00

C. Lischer, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736734
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 144 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Burns, Nick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736735
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Riggs, Carol, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736736
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

C. Broz, Rob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Lyndon B Johnson Fwy Ste 200
 City Dallas State TX Zip Code 75240-6359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736737
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 145 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Wilkerson, Steven, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of NE Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **- 250.00**

Date of Receipt **09 / 24 / 2018**
Transaction ID : 42736738
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$-250.00

B. Krsnich, Peter, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 24 / 2018**
Transaction ID : 42736739
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

C. Schneller, George, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14185 Dallas Pkwy Ste 1000
 14185 Dallas Pkwy Ste 1000
 City Dallas State TX Zip Code 75254-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towerstone Insurance Services Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 24 / 2018**
Transaction ID : 42736740
 Amount of Each Receipt this Period **0.00**
 Memo Item
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 146 OF 188
	<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. Jackson, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9393 W 110th St Ste 600, Suite 600

City Overland Park	State KS	Zip Code 66210-1465
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IMA Financial Group	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736741

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

B. Madsen, Katie, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6200 Lyndon B Johnson Fwy Ste 200

City Dallas	State TX	Zip Code 75240-6359
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736742

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

C. Goswick, Amy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736743

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 147 OF 188
	<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. Peevy, Melody, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6200 Lyndon B Johnson Fwy Ste 200

City Dallas	State TX	Zip Code 75240-6359
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736744

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Tunge, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 17th St Ste 100

City Denver	State CO	Zip Code 80202-1260
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IMA Financial Group, Inc., The	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736745

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

C. LaMonte, Julie, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6200 Lyndon B Johnson Fwy Ste 200

City Dallas	State TX	Zip Code 75240-6359
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The IMA Financial Group, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

Transaction ID : 42736746

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$75.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 148 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Jenkins, Michael, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 9393 W. 110th Street, Suite 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736747
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Callanan, Thomas, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Lyndon B Johnson Fwy Ste 200
 City Dallas State TX Zip Code 75240-6359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736748
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

C. Downing, Christy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736749
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 149 OF 188
	<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. Kwasniak, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Lyndon B Johnson Fwy Ste 200
 City Dallas State TX Zip Code 75240-6359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736750
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Mitisek, Erik, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736751
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

C. Vercellino, Michelle, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736752
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 150 OF 188
	<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. Powell, Ryan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736753
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00

B. Kathol, Lucinda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736754
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$210.00 This changes the YTD Total to \$0.00

C. Yovich, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736755
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 151 OF 188
	<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. Meeks, Angelina, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736756
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Parker, Charlene, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736757
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00

C. Hansel, Amy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736758
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 152 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Brevick, Tyler, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736759
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

B. Murphy, Marilyn, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736760
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

C. Schafer, Jenette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736761
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 153 OF 188
	<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. Rost, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 24 / 2018
Transaction ID : 42736762
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. Thornton, Dyan, M, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8200 E 32nd St N
 City Wichita State KS Zip Code 67226-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA of Kansas, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42736763
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

C. Ware, Mark, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The IMA Financial Group, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42736764
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$200.00

SUBTOTAL of Receipts This Page (optional).....	0.00
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 154 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Syring, Erin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9393 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42736765
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$750.00 This changes the YTD Total to \$500.00

B. Burey, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 17th St Ste 100
 City Denver State CO Zip Code 80202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IMA Financial Group, Inc., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 42736766
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$500.00

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	227702.60

**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 155 OF 188
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marsh & McLennan Companies Inc PAC

Mailing Address 1166 Avenue of the Americas

City New York	State NY	Zip Code 10036-2774
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	28	/	2018

Transaction ID : 42721029

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 188
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Crowley For Congress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00338954

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	07	/	2018

Transaction ID : 42721044

Amount of Each Receipt this Period
1000.00

Memo Item

Refund of Check#6192 3/22/18 - 2018 General - Not Seeking Re-Election

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number

C

Transaction ID : 42721204

Amount of Each Disbursement this Period

2408.79

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2018

FEC Identification Number

C

Transaction ID : 42721205

Amount of Each Disbursement this Period

1544.06

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3952.85

TOTAL This Period (last page this line number only)..... ▶

3952.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blaine For Congress

Mailing Address PO Box 98

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

C C00458679

Transaction ID : 42591648

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tarkanian For Congress

Mailing Address 3008 Campbell Circle

City
Las Vegas

State
NV

Zip Code
89107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tarkanian, Danny, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

FEC Identification Number

C C00582320

Transaction ID : 42591649

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Make it Work PAC

Mailing Address 700 13th Street NW
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

FEC Identification Number

C C00552539

Transaction ID : 42595433

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00255562

Transaction ID : 42595435

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Taylor, Nicholas, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00653634

Transaction ID : 42595436

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lea Marquez Peterson For Congress

Mailing Address PO Box 40935

City Tucson State AZ Zip Code 85717

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marquez Peterson, Lea, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00663054

Transaction ID : 42595437

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randy Hultgren For Congress

Mailing Address PO Box 717

City
St Charles

State
IL

Zip Code
60174

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hultgren, Randy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00467522

Transaction ID : 42595438

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dusty Johnson

Mailing Address PO Box 278

City
Mitchell

State
SD

Zip Code
57301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Dusty, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00628917

Transaction ID : 42595439

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lena for Congress

Mailing Address PO Box 339

City
Troy

State
MI

Zip Code
48099

Purpose of Disbursement

011

Category/
Type

Candidate Name

Epstein, Lena, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C00641498

Transaction ID : 42595440

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hern For Congress

Mailing Address 8630 S Peoria Avenue

City
Tulsa

State
OK

Zip Code
74132

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hern, Kevin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

FEC Identification Number

C C00636092

Transaction ID : 42595441

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

FEC Identification Number

C C00546846

Transaction ID : 42595442

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

FEC Identification Number

C C00394957

Transaction ID : 42595443

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little Rock

State
AR

Zip Code
72217

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hill, French, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00551275

Transaction ID : 42595444

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Maria Elvira Salazar For Congress

Mailing Address P.O. Box 558033

City
Miami

State
FL

Zip Code
33255

Purpose of Disbursement

011

Category/
Type

Candidate Name

Salazar, Maria, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 27

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00671859

Transaction ID : 42595445

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Armstrong For Congress

Mailing Address 1515 Burnt Boat Drive
Box 112

City
Bismarck

State
ND

Zip Code
58503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Armstrong, Kelly, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2018

FEC Identification Number

C C00670547

Transaction ID : 42599801

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Cruz Victory Committee

Mailing Address 815 A Brazos
PMB 550

City Austin State TX Zip Code 78701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42661734

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cartwright, Matt, A., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: PA District: 17

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00509968

Transaction ID : 42662035

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jersey Values PAC

Mailing Address 1050 17th Street NW Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00652164

Transaction ID : 42662036

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 6000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. People For Ben

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement 011 Category/Type

Candidate Name
Lujan, Ben, Ray, Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NM District: 03

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C00443689
Transaction ID : 42662037
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Richard E Neal For Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement 011 Category/Type

Candidate Name
Neal, Richard, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C00226522
Transaction ID : 42662039
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Swalwell For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement 011 Category/Type

Candidate Name
Swalwell, Eric, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 15

Date of Disbursement: 09 / 24 / 2018

FEC Identification Number: C00502294
Transaction ID : 42662040
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00514893

Transaction ID : 42662041

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffries For Congress

Mailing Address 3430 Connecticut Avenue, Nw #11704

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00503052

Transaction ID : 42662042

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Conor Lamb For Congress

Mailing Address PO Box 10381

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lamb, Conor, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00657411

Transaction ID : 42662043

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City
Thousand Oaks

State
CA

Zip Code
91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2018

FEC Identification Number

C C00513077

Transaction ID : 42662044

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Common Good PAC

Mailing Address PO BOX 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2018

FEC Identification Number

C C00669929

Transaction ID : 42662045

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Morrisey For Senate Inc

Mailing Address PO Box 1005

City
Charlestown

State
WV

Zip Code
25414

Purpose of Disbursement

011

Category/
Type

Candidate Name

Morrisey, Patrick, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2018

FEC Identification Number

C C00651075

Transaction ID : 42662182

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City
Visalia

State
CA

Zip Code
93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nunes, Devin, G., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CA

District: 22

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00370056

Transaction ID : 42662183

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McPAC

Mailing Address 228 S WASHINGTON ST STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00540187

Transaction ID : 42662185

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Greg, P., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OR

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00333427

Transaction ID : 42662187

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Category/Type

Candidate Name

Fitzpatrick, Brian, K., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662189

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Category/Type

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662190

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Scanlon For Congress

Mailing Address PO Box 263

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement

Category/Type

Candidate Name

Scanlon, Mary, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662193

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

Category/Type

Candidate Name

Clyburn, James, E., Rep.,

Office Sought: House Senate President
State: SC District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662195

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Faso For Congress

Mailing Address PO Box 448

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement

Category/Type

Candidate Name

Faso, John, J., Rep.,

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662197

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Category/Type

Candidate Name

Matsui, Doris, , Rep.,

Office Sought: House Senate President
State: CA District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662200

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cartwright For Congress

Mailing Address PO Box 414

City
Scranton

State
PA

Zip Code
18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cartwright, Matt, A., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: PA

District: 17

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00509968

Transaction ID : 42662229

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jersey Values PAC

Mailing Address 1050 17th Street NW Suite 590

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00652164

Transaction ID : 42662231

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Adam Smith For Congress Committee

Mailing Address PO Box 578

City
Renton

State
WA

Zip Code
98057

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Adam, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WA

District: 09

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00304709

Transaction ID : 42662234

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00312017

Transaction ID : 42662235

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00495952

Transaction ID : 42662236

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00461061

Transaction ID : 42662237

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56501

Purpose of Disbursement

Category/
Type

Candidate Name

Peterson, Collin, C., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: MN District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662239

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kuster For Congress, Inc

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement

Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) ▼
 State: NH District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662240

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoosiers First PAC

Mailing Address 3701 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For:
 Primary General
 Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662858

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donovan For Congress

Mailing Address PO Box 60530

City Staten Island State NY Zip Code 10306

Purpose of Disbursement

Category/Type

Candidate Name

Donovan, Daniel, M., Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 11

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662859

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Category/Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: AL District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662861

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CherPAC

Mailing Address PO BOX 65322

City Washington State DC Zip Code 20035

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662862

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement

011

Category/Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00582890

Transaction ID : 42662863

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Beatty For Congress

Mailing Address 222 East Town Street Suite 2w

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Category/Type

Candidate Name

Beatty, Joyce, B., Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00507368

Transaction ID : 42662864

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Category/Type

Candidate Name

Carson, Andre, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00442921

Transaction ID : 42662866

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Veronica Escobar For Congress

Mailing Address PO Box 3961

City El Paso State TX Zip Code 79923

Purpose of Disbursement

Category/
Type

Candidate Name
Escobar, Veronica, , ,

Office Sought: House
 Senate
 President
State: TX District: 16

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662867

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement

Category/
Type

Candidate Name
Joyce, Dave, , Rep.,

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement

Category/
Type

Candidate Name
Blunt Rochester, Lisa, , Rep.,

Office Sought: House
 Senate
 President
State: DE District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42662967

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 7905 Malcolm Road
Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny H., , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42662968

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Val Demings For Congress

Mailing Address PO Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Demings, Val, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00590489

Transaction ID : 42662969

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Neguse For Congress

Mailing Address PO Box 7142

City Boulder State CO Zip Code 80306

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neguse, Joseph, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00648253

Transaction ID : 42662970

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 5500.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. YoPAC

Mailing Address PO BOX 51

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00497305

Transaction ID : 42662971

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement

011

Category/
Type

Candidate Name

Banks, James, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: IN

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00577999

Transaction ID : 42662972

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe PAC

Mailing Address 50 E Street, SE
Suite 1

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C00362384

Transaction ID : 42662973

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Common Sense Colorado PAC

Mailing Address PO Box 1978

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C C00491936

Transaction ID : 42662974

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dan Crenshaw For Congress

Mailing Address PO Box 691325

City
Houston

State
TX

Zip Code
77269

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crenshaw, Daniel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018 Primary General
 Other (specify)

State: TX District: 02

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00660795

Transaction ID : 42685418

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bringing America Together PAC

Mailing Address PO BOX 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00647354

Transaction ID : 42685527

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Handel For Congress, Inc.

Mailing Address 4010 Old Milton Pkwy

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement

Category/Type

Candidate Name

Handel, Karen, , Rep.,

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42685641

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Category/Type

Candidate Name

Roskam, Peter, , Rep.,

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42685747

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Maria Elvira Salazar For Congress

Mailing Address P.O. Box 558033

City Miami State FL Zip Code 33255

Purpose of Disbursement

Category/Type

Candidate Name

Salazar, Maria, , ,

Office Sought: House Senate President
State: FL District: 27

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42685873

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Knight For Congress

Mailing Address PO Box 730

City
Hilmar

State
CA

Zip Code
95324

Purpose of Disbursement
Sept 27th event HK Victory

011

Category/
Type

Candidate Name

Knight, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

FEC Identification Number

C C00554014

Transaction ID : 42685979

Amount of Each Disbursement this Period

1000.00

Sept 27th event HK Victory

Memo Item

Full Name (Last, First, Middle Initial)

B. Byrne For Congress

Mailing Address PO Box 2743

City
Mobile

State
AL

Zip Code
36652

Purpose of Disbursement

011

Category/
Type

Candidate Name

Byrne, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

FEC Identification Number

C C00545673

Transaction ID : 42686083

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

166000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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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. Kathol, Lucinda, , Ms.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719667

Amount of Each Disbursement this Period

[REDACTED] 210.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thornton, Dyan, M, Mrs.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719669

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hornbeck, Margaret, , Ms.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719670

Amount of Each Disbursement this Period

[REDACTED] 600.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1310.00

[REDACTED]

**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"/> 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

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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. Pride, Tracy, J, Ms.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719674

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wilkerson, Steven, M, Mr.,

Mailing Address 9393 W 110th St Ste 600

City
Overland Park

State
KS

Zip Code
66210-1465

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719680

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells, Blake, C, Mr.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719686

Amount of Each Disbursement this Period

250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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 type="checkbox"/> 23	<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

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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. Ware, Mark, L, Mr.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42719687

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sandy, Brian, E, Mr.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42719688

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Krsnich, Peter, , Mr.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42719747

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[REDACTED] 1200.00

TOTAL This Period (last page this line number only).....▶

[REDACTED]

**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"/> 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

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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. Felix, Tristram, , Mr.,

Mailing Address 1705 17th St. Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719749

Amount of Each Disbursement this Period

240.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Downing, Christy, , ,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719750

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lischer, Michael, , Mr.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2018

FEC Identification Number

C

Transaction ID : 42719752

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1240.00

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 type="checkbox"/> 23	<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

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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. Tolliver, Jim, , Mr.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 1705 17th St Ste 100		FEC Identification Number C [REDACTED] Transaction ID : 42719753 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Denver	State CO	Zip Code 80202-1260	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Riggs, Carol, , Ms.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 1705 17th St Ste 100		FEC Identification Number C [REDACTED] Transaction ID : 42719757 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Denver	State CO	Zip Code 80202-1260	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Syring, Erin, , Ms.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 9393 W 110th St Ste 600		FEC Identification Number C [REDACTED] Transaction ID : 42719759 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Overland Park	State KS	Zip Code 66210-1465	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1250.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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

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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. Jackson, Sean, , Mr.,

Mailing Address 9393 W 110th St Ste 600, Suite 600

City
Overland Park

State
KS

Zip Code
66210-1465

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719760

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Broz, Rob, , Mr.,

Mailing Address 6200 Lyndon B Johnson Fwy Ste 200

City
Dallas

State
TX

Zip Code
75240-6359

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719765

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Powell, Ryan, , Mr.,

Mailing Address 8200 E 32nd St N

City
Wichita

State
KS

Zip Code
67226-2606

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : 42719766

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2250.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**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"/> 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

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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. Burey, Jessica, , Ms.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 1705 17th St Ste 100		FEC Identification Number C [REDACTED] Transaction ID : 42719768 Amount of Each Disbursement this Period 500.00	
City Denver	State CO	Zip Code 80202-1260	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Yovich, Elizabeth, , Ms.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 1705 17th St Ste 100		FEC Identification Number C [REDACTED] Transaction ID : 42719770 Amount of Each Disbursement this Period 500.00	
City Denver	State CO	Zip Code 80202-1260	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Vercellino, Michelle, , Ms.,		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 1705 17th St Ste 100		FEC Identification Number C [REDACTED] Transaction ID : 42719786 Amount of Each Disbursement this Period 500.00	
City Denver	State CO	Zip Code 80202-1260	Category/ Type 010
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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 type="checkbox"/> 23	<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

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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. Parker, Charlene, , Ms.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

FEC Identification Number

C []

Transaction ID : 42719787

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mitisek, Erik, , Mr.,

Mailing Address 1705 17th St Ste 100

City
Denver

State
CO

Zip Code
80202-1260

Purpose of Disbursement

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

FEC Identification Number

C []

Transaction ID : 42719788

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1000.00

TOTAL This Period (last page this line number only)..... ▶

[] 10750.00