

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 412 First Street, SE, Suite 300

Check if different than previously reported. (ACC) Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00022343

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 06 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 07 20 2010

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		406640.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	552787.70									
(c) Total Receipts (from Line 19)	93044.50	552377.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	645832.20	959018.36								
7. Total Disbursements (from Line 31)	199385.53	512571.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	446446.67	446446.67								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	58334.00	405590.50
(ii) Unitemized	29710.50	136787.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	88044.50	542377.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	88044.50	542377.83
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	5000.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	93044.50	552377.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	93044.50	552377.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	198000.00	500000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	600.00
29. Other Disbursements.....	1385.53	11971.69
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	199385.53	512571.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	199385.53	512571.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 87

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	88044.50	542377.83
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88044.50	541777.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael E. Moss		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 803 S Dogwood St		Transaction ID: 9165622		
	City Siloam Springs	State AR	Zip Code 72761-3915	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Moss Insurance Group	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) J Phillip Lackman		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 4360 Wabash Ave		Transaction ID: 9165625		
	City Springfield	State IL	Zip Code 62711-7009	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts of Illino	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Lee Gaudette, III		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address One Plummers Corner		Transaction ID: 9165628		
	City Whitinsville	State MA	Zip Code 01588-2135	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gaudette Insurance Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Greg Rummel		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 1 0		
	Mailing Address 522 South Main St		Transaction ID: 9165635		
	City Frankenmuth	State MI	Zip Code 48734-1618	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emil Rummel Agency, Inc.	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) David A. Walker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 1 0		
	Mailing Address 2532 Old US 23		Transaction ID: 9165637		
	City Hartland	State MI	Zip Code 48353	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hartland Insurance Agency, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) Sharon Emek		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 1 0		
	Mailing Address 386 Park Ave South Ste 303		Transaction ID: 9165639		
	City New York	State NY	Zip Code 10016-8804	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CBS Coverage Group, Inc.	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 8 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James F. Suzio		Date of Receipt
	Mailing Address 54 Chamberlain Hwy		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Meriden	CT	06451-5812
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Suzio Insurance Center, Inc.		Occupation President	Transaction ID: 9166707
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Scott R. Clark		Date of Receipt
	Mailing Address 5500 Euper Ln		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Smith	AR	72903-3234
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Brown-Hiller-Clark & Associates		Occupation Insurance Agent	Transaction ID: 9183447
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="600.00"/>

C.	Full Name (Last, First, Middle Initial) Kenn D. Howell		Date of Receipt
	Mailing Address 800 W Cummings Ave		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Opp	AL	36467-2706
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Howell Insurance Agency		Occupation Insurance Agent	Transaction ID: 9183448
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1600.00"/>
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 9 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Roland Julian		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 811 N Dixieland		Transaction ID: 9183449		
	City Rogers	State AR	Zip Code 72756-2101	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogers Insurance Agency	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Linda Worthy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 436 Broadway St		Transaction ID: 9183450		
	City Hot Springs	State AR	Zip Code 71901-5449	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hastings Insurance Agency	Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Robert P. Holman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 3655 N Point Pkwy Ste 425		Transaction ID: 9183454		
	City Alpharetta	State GA	Zip Code 30005-8889	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Holman and Company	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 10 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Patricia Kerby		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 7192 Main Street P O Box 809		Transaction ID: 9183457		
	City Bonners Ferry	State ID	Zip Code 83805-8729	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pace-Kerby & Co Inc	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Michael J. Tate		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 4360 Wabash Ave		Transaction ID: 9183459		
	City Springfield	State IL	Zip Code 62711-7009	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts of Illino	Occupation Chief Executive Officer	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Robert Jester		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 1 0		
	Mailing Address 303 Watson Powell Jr Way		Transaction ID: 9183460		
	City Des Moines	State IA	Zip Code 50309-1724	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jester Insurance Services, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Lyle Davidson

Mailing Address PO Box 364

City State Zip Code
Delphos KS 67436-0364

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

Name of Employer The Davidson Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 9183470

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Trenton Richmond

Mailing Address 117 N Kansas Ave

City State Zip Code
Norton KS 67654-2050

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

Name of Employer Bridges Group, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 9183472

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Darin Schmitz

Mailing Address 906 N St

City State Zip Code
Seneca KS 66538-2405

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

Name of Employer Lohmuller-Bachman, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 9183474

Amount of Each Receipt this Period
805.00

SUBTOTAL of Receipts This Page (optional) ► **1305.00**

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 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Gary L. Sollars		Date of Receipt
Mailing Address 211 E 8th St Ste A		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Lawrence KS 66044-2771		<input type="text"/> 06 / <input type="text"/> 09 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: 9184223
Name of Employer Willis of Greater Kansas, Inc.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

B.

Full Name (Last, First, Middle Initial) Scott McBride		Date of Receipt
Mailing Address 2301 W Big Beaver Rd Ste 400		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Troy MI 48084-3315		<input type="text"/> 06 / <input type="text"/> 09 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: 9184226
Name of Employer Mason-McBride, Inc.		Amount of Each Receipt this Period
Occupation Treasurer		<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 500.00

C.

Full Name (Last, First, Middle Initial) Richard L. Hall		Date of Receipt
Mailing Address 2823 6th Ave North		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Billings MT 59101-1124		<input type="text"/> 06 / <input type="text"/> 09 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: 9184227
Name of Employer ISU Streeter Brothers Insurance, Inc.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
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 13 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Rick Russell		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 5050 Ritter Rd		Transaction ID: 9192843
	City Mechanicsburg	State PA	Zip Code 17055-4879
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Insurance Agents & Brokers Service Gro		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Dino C. Gavanos		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 127 N Walnut Ave		Transaction ID: 9192848
	City Itasca	State IL	Zip Code 60143-1729
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Premier Risk Services, In-		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Michael S. Rifkin		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 1499 Blake Street # 2G		Transaction ID: 9192849
	City Denver	State CO	Zip Code 80202-1356
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Rifkin Insurance Assocs Inc		Occupation Agency Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 87
(check only one)

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

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

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

A.

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

Mailing Address 103 S Jackson St

City State Zip Code
Cerro Gordo IL 61818-0110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 9192850

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 2118 23rd St

City State Zip Code
Columbus NE 68601-3447

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 9192855

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 386 Park Ave South Ste 303

City State Zip Code
New York NY 10016-8804

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

Name of Employer CBS Coverage Group, Inc.
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 9192856

Amount of Each Receipt this Period
100.00

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 15 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Betsy McClain		Date of Receipt
	Mailing Address 5775 Glenridge Dr NE Ste B400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Atlanta	GA	30328-7133
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192861
Name of Employer Tanner Ballew & Maloof, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.50	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Brett A. Schultheis		Date of Receipt
	Mailing Address 32 N Weinbach Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Evansville	IN	47711-6004
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192862
Name of Employer Schultheis Insurance Agen- cy, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) John Prible		Date of Receipt
	Mailing Address 127 South Peyton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2010
	City	State	Zip Code
	Alexandria	VA	22314-2879
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192863
Name of Employer Independent Insurance Age- nts & Brokers		Occupation Assistant Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 115.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 215.00
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 16 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 48 W Main St

City State Zip Code
Marianna AR 72360-2247

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

Name of Employer
Smith Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Transaction ID: 9192864

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 306 Water St

City State Zip Code
Mosinee WI 54455-1458

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

Name of Employer
Ansay & Associates LLC/Mo-
sinee

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Transaction ID: 9192869

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City State Zip Code
Santa Monica CA 90401-1805

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

Name of Employer
White Sutton & Company In-
surance Servi

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Transaction ID: 9192874

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)	▶	825.00
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 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Lanny L. Hair		Date of Receipt
	Mailing Address 333 East Flower Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2010
	City	State	Zip Code
	Phoenix	AZ	85012-2611
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192880
Name of Employer Independent Insurance Agents and Broke		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	<input type="text"/> 42.00

B.	Full Name (Last, First, Middle Initial) James J. Byrnes, III		Date of Receipt
	Mailing Address 77 cady lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2010
	City	State	Zip Code
	Woodstock	CT	06281-1800
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192886
Name of Employer Byrnes Agency, Inc		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Bernard McKenzie		Date of Receipt
	Mailing Address 2201 Forsythe Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2010
	City	State	Zip Code
	Monroe	LA	71201-3643
	FEC ID number of contributing federal political committee. C		Transaction ID: 9192909
Name of Employer Community Financial Insurance Center.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	<input type="text"/> 42.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 334.00
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 18 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jere D. Peak	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 1003 Broad St	Transaction ID: 9201166
	City State Zip Code Selma AL 36701-4509	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Morris Agency, Inc. Owner	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Raymond F. Fox	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 9265 Counselors Row Suite 108	Transaction ID: 9201169
	City State Zip Code Indianapolis IN 46240-6402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fox and Fox, Inc. Insurance Agent	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dean B. Merrill, II	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 20 High St	Transaction ID: 9201174
	City State Zip Code Hampton NH 03842-2214	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Tobey & Merrill, Inc. Insurance Agent	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	930.00
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 19 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Philip G. Bogle

Mailing Address 200 Stuyvesant Ave

City Lyndhurst State NJ Zip Code 07071-1705

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

Name of Employer Bogle Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 9201175

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Philip R. Bogle

Mailing Address 200 Stuyvesant Ave

City Lyndhurst State NJ Zip Code 07071-1705

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

Name of Employer Bogle Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 9201176

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
John E. Haskell

Mailing Address 169 Main St

City Oneida State NY Zip Code 13421-1640

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

Name of Employer Vanguard Risk Managers Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 9201177

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
George Yates

Mailing Address 78 Main Street

City State Zip Code
East Hampton NY 11937-2730

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

Name of Employer
E. T. Dayton Inc. dba Day-
ton Ritz & Os

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201180

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Roberta Hoffman

Mailing Address 914 Arizona Ave

City State Zip Code
Parker AZ 85344-5746

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

Name of Employer
Beaver Insurance Agency,
Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201465

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
George W. Thompson, III

Mailing Address 3300 Gatsby Lane

City State Zip Code
Montgomery AL 36106-2696

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

Name of Employer
Thompson Insurance, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201466

Amount of Each Receipt this Period
500.00

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: PAGE 21 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John T Nourse

Mailing Address 196 S Fir St

City State Zip Code
Ventura CA 93001-2842

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

Name of Employer TWIW Insurance Services, LLC
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201467

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Surita Savio Steinfeld

Mailing Address 800 Bethel St # 200

City State Zip Code
Honolulu HI 96813-4338

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

Name of Employer Insurance Associates, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201471

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James C. Percy, Jr

Mailing Address P O Box 69

City State Zip Code
Blackfoot ID 83221-0069

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

Name of Employer Conquest Insurance Agency Inc
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201472

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William J. Hooker

Mailing Address 206 E Mazon Ave

City State Zip Code
Dwight IL 60420-1136

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

Name of Employer
William J Hooker Agency, Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201474

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jim A. Roe

Mailing Address 8900 Keystone Crossing

City State Zip Code
Indianapolis IN 46240-2112

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

Name of Employer
Arlington/Roe & Company, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201477

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dan Deener

Mailing Address 726 N Summit St

City State Zip Code
Arkansas City KS 67005-2220

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

Name of Employer
United Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201487

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
W Anderson Baker, III

Mailing Address 1615 Poydras St # 600

City State Zip Code
New Orleans LA 70112-1238

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

Name of Employer Occupation
Gillis Ellis & Baker Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201489

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert J. Gohres

Mailing Address 300 E Morris Ave

City State Zip Code
Hammond LA 70403-4263

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

Name of Employer Occupation
Emery & James Ltd Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201490

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Frank S. Guarisco

Mailing Address 1123 Main St

City State Zip Code
Patterson LA 70392-4545

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

Name of Employer Occupation
Frank's Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201491

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Bryan Willis

Mailing Address 820 Jordan St # 400

City State Zip Code
Shreveport LA 71101-4522

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

Name of Employer
Moreman, Moore & Co, Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201492

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Edwin S. Robinson

Mailing Address 3111 Ryan Street

City State Zip Code
Lake Charles LA 70601-8514

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

Name of Employer
Insurance Unlimited of LA, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9201494

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Patrick D. Connell

Mailing Address 1691 S Business Hwy 65

City State Zip Code
Hollister MO 65672-6342

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

Name of Employer
Connell Insurance, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9204828

Amount of Each Receipt this Period
250.00

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 25 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Stan Hladik		Date of Receipt MM / DD / YYYY 06 / 16 / 2010		
	Mailing Address 87 Lackawanna Ave		Transaction ID: 9204832		
	City Totowa	State NJ	Zip Code 07512-2335	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hanson & Ryan, Inc.	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Angelo Lobosco		Date of Receipt MM / DD / YYYY 06 / 16 / 2010		
	Mailing Address 964 McBride Ave		Transaction ID: 9204833		
	City West Paterson	State NJ	Zip Code 07424-2619	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lobosco Insurance Group	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) David M Borg		Date of Receipt MM / DD / YYYY 06 / 16 / 2010		
	Mailing Address 148 E Main St		Transaction ID: 9204836		
	City Huntington	State NY	Zip Code 11743-7902	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Borg & Borg Inc	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 713 Parke Ave

City Portland State ND Zip Code 58274

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

Name of Employer Mayport Insurance & Realty Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2010

Transaction ID: 9204849

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Robert M Bramlett, Jr.

Mailing Address 1505 N Commerce # 104

City Ardmore State OK Zip Code 73401-1859

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

Name of Employer The Bramlett Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 16 / 2010

Transaction ID: 9204851

Amount of Each Receipt this Period 1250.00

C.

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

Mailing Address 315 S Second St

City Union City State TN Zip Code 38261-3825

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

Name of Employer Westan Group, Inc. dba Union City Insu Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2010

Transaction ID: 9204853

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 27 / 87
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
David M. Hargreaves

Mailing Address 415 N 2nd St

City State Zip Code
Yakima WA 98901-2379

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

Name of Employer Argus Insurance, Inc. Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9204854

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 110 Unity St

City State Zip Code
Bellingham WA 98225-4418

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

Name of Employer The Unity Group Insurance & Financial Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9204855

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1731 N Central Ave

City State Zip Code
Marshfield WI 54449-1549

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

Name of Employer Leo Nikolai Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 9204858

Amount of Each Receipt this Period
300.00

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 28 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Bill Sager	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 400 Bexar Ave W	Transaction ID: 9205931
	City State Zip Code Hamilton AL 35570-5522	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Your Insurance Centers, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) W.M.Roberts Lee	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 101 S Spring Ste 400	Transaction ID: 9205933
	City State Zip Code Little Rock AR 72201-2455	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Meadors, Adams & Lee, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Braden K. Ball	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address P O Box 711	Transaction ID: 9205938
	City State Zip Code Pensacola FL 32591-0711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fisher-Brown, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 29 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Bart Gunter

Mailing Address 1117 Thomasville Rd

City State Zip Code
Tallahassee FL 32303-6223

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

Name of Employer
Rogers, Gunter, Vaughn In-
surance, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: 9205939

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 109 Bullock Blvd

City State Zip Code
Niceville FL 32578-2732

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

Name of Employer
Niceville Insurance Agenc-
y, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: 9205940

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard R Price

Mailing Address 580 N Western Ave

City State Zip Code
Lake Forest IL 60045-5312

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

Name of Employer
Paul T Price & Son, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: 9205989

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Richard Bittles		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0		
	Mailing Address PO Box 156		Transaction ID: 9205991		
	City Greencastle	State IN	Zip Code 46135-0156	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HBG Insurance & Bonds	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Ron Rensink		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0		
	Mailing Address 221 Park St		Transaction ID: 9205994		
	City Sheldon	State IA	Zip Code 51201-1152	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Perspective Insurance	Occupation President	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) G Bradford Reeves, Jr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0		
	Mailing Address 41625 Park Avenue		Transaction ID: 9205996		
	City Leonardtwn	State MD	Zip Code 20650-1010	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Combs Drury Reeves Insura- nce Agency	Occupation President	Aggregate Year-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Robert Stanton		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 230 2nd Ave Ste 105		Transaction ID: 9205997		
	City Waltham	State MA	Zip Code 02451-1124	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stanton Insurance Agency Inc	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dale Simmon		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 612 S Creyts Rd Ste B		Transaction ID: 9206002		
	City Lansing	State MI	Zip Code 48917-8266	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Simmon Insurance Agency, Inc.	Occupation President	Aggregate Year-to-Date 350.00		

C.	Full Name (Last, First, Middle Initial) Kathleen A. Weinheimer		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 5784 Widewaters Pkwy 1st Fl		Transaction ID: 9206008		
	City Syracuse	State NY	Zip Code 13214-1890	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ind Ins Agents & Brokers of New York I	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Marty Beam, Jr

Mailing Address 510 Plaza Blvd

City Kinston State NC Zip Code 28501-1615

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

Name of Employer W. A. Moore & Company, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206012
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 3625 N Elm St Ste 200

City Greensboro State NC Zip Code 27455-2604

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

Name of Employer Senn Dunn-Greensboro
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206016
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
David B. Craft

Mailing Address 823 N Elm St

City Greensboro State NC Zip Code 27401-1510

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

Name of Employer Craft Insurance Center
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206019
Amount of Each Receipt this Period 300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Daniel Craft		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 823 N Elm St		Transaction ID: 9206020		
	City Greensboro	State NC	Zip Code 27401-1510	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Craft Insurance Center	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Valerie Edson		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 3625 N Elm St Ste 200		Transaction ID: 9206023		
	City Greensboro	State NC	Zip Code 27455-2604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Greensboro	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Tamela A. Eubanks		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 3625 N Elm St Ste 200		Transaction ID: 9206024		
	City Greensboro	State NC	Zip Code 27455-2604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Greensboro	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Roger D Evans, Jr		Date of Receipt	
	Mailing Address 2904 N Heritage Street		M M / D D / Y Y Y Y Y 06 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 9206025
	Kinston	NC	28501-1580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Evans & Associates		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Phil Gore		Date of Receipt	
	Mailing Address 113 W Smith Street		M M / D D / Y Y Y Y Y 06 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 9206026
	Whiteville	NC	28472-3311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer D.D. Cox Agency, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Joseph Allen Hughes		Date of Receipt	
	Mailing Address 3625 N Elm St Ste 200		M M / D D / Y Y Y Y Y 06 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 9206033
	Greensboro	NC	27455-2604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Senn Dunn-Greensboro		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 35 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kurt Kronenfeld		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 3625 N Elm St Ste 200		Transaction ID: 9206034		
	City Greensboro	State NC	Zip Code 27455-2604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Greensboro	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Greg Lunsford		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address PO Box 939		Transaction ID: 9206038		
	City Burlington	State NC	Zip Code 27216-0939	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Somers-Pardue Agency, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) T. Gray McCaskill		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 3625 N Elm St Ste 200		Transaction ID: 9206040		
	City Greensboro	State NC	Zip Code 27455-2604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Greensboro	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 36 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Wayland V. Moore Jr		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 823 N Elm St		Transaction ID: 9206046		
	City Greensboro	State NC	Zip Code 27401-1510	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Craft Insurance Center		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Kevin Myers		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 1400 Eastchester Dr		Transaction ID: 9206049		
	City High Point	State NC	Zip Code 27265-2308	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Senn Dunn-High Point		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Kenneth L Richardson		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 3625 N Elm St Ste 200		Transaction ID: 9206055		
	City Greensboro	State NC	Zip Code 27455-2604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Senn Dunn-Greensboro		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 / 87
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Larry B. Roland		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address P O Box 9375		Transaction ID: 9206063		
	City Greensboro	State NC	Zip Code 27429-0375	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Greensboro	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Robert Salmon		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 4505 Falls of Neuse Rd Suite 650		Transaction ID: 9206064		
	City Raleigh	State NC	Zip Code 27609-2523	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Raleigh	Occupation Director of Insurance Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Benjamin Singleton		Date of Receipt MM / DD / YYYY 06 / 21 / 2010		
	Mailing Address 4505 Falls of Neuse Rd Suite 650		Transaction ID: 9206067		
	City Raleigh	State NC	Zip Code 27609-2523	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Senn Dunn-Raleigh	Occupation Sr Commercial Account Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Bill F. Smith

Mailing Address 823 N Elm St

City Greensboro State NC Zip Code 27401-1510

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

Name of Employer Craft Insurance Center Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206069
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Carolyn Taylor

Mailing Address 3625 N Elm St Ste 200

City Greensboro State NC Zip Code 27455-2604

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

Name of Employer Senn Dunn-Greensboro Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206075
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
C. Timothy Ward

Mailing Address 3625 N Elm St Ste 200

City Greensboro State NC Zip Code 27455-2604

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

Name of Employer Senn Dunn-Greensboro Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2010
Transaction ID: 9206079
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph Wheeless

Mailing Address 3625 N Elm St Ste 200

City Greensboro State NC Zip Code 27455-2604

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

Name of Employer Senn Dunn-Greensboro Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9206080

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Roger L. Messier

Mailing Address 1401 Newport Ave

City Pawtucket State RI Zip Code 02861-1848

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

Name of Employer Butler & Messier, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9206086

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Glen A. Davenport

Mailing Address 11528 Jefferson Ave

City Newport News State VA Zip Code 23601-1931

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9206089

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Doug S. Favre	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 20 S King St	Transaction ID: 9206090
	City State Zip Code Hampton VA 23669-4042	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lackey Saunders Co. Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Pierce Bubba Barnett	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 447 Southwest Drive	Transaction ID: 9207875
	City State Zip Code Jonesboro AR 72401-5856	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Town & Country Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Robert C Kirkwood	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 91 Washington Ave	Transaction ID: 9207878
	City State Zip Code Pleasantville NY 10570-2846	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Robert T Kirkwood, Inc.	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Russell Bell	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 3625 N Elm St Ste 200	Transaction ID: 9207880
	City State Zip Code Greensboro NC 27455-2604	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Senn Dunn-Greensboro Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) John Eddleman	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 1400 Eastchester Dr	Transaction ID: 9207885
	City State Zip Code High Point NC 27265-2308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Senn Dunn-High Point Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mike Francois	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 1400 Eastchester Dr	Transaction ID: 9207886
	City State Zip Code High Point NC 27265-2308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Senn Dunn-High Point Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 3625 N Elm St Ste 200

City Greensboro State NC Zip Code 27455-2604

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

Name of Employer Senn Dunn-Greensboro Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9207887

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Harry C. Mason, Jr

Mailing Address 164 Madison Rd

City Orange State VA Zip Code 22960-1410

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

Name of Employer Mason Insurance Agency - Orange Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9207907

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Tommy Via

Mailing Address 100 Hubbard St Ste A

City Blacksburg State VA Zip Code 24060-5745

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

Name of Employer Leonard L Brown Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 9207908

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 87
(check only one)

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

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

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

A.

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

Mailing Address 4435 O Street

City Lincoln State NE Zip Code 68510-1842

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

Name of Employer Unico Group Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2010
Transaction ID: 9208411
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Garrett Floyd

Mailing Address 109 Bullock Blvd

City Niceville State FL Zip Code 32578-2732

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2010
Transaction ID: 9222068
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Louis Skinner

Mailing Address 109 Bullock Blvd

City Niceville State FL Zip Code 32578-2732

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2010
Transaction ID: 9222073
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Donald W. McCartney

Mailing Address 6739 Bird Rd

City State Zip Code
Miami FL 33155-3705

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

Name of Employer
McCartney Insurance Agenc-
y, Inc

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222074

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

Name of Employer
Agency Service Group, Inc.
dba Flegal

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222077

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
W Kyle Dufford

Mailing Address 425 A North Ave

City State Zip Code
Grand Junction CO 81501-7576

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

Name of Employer
Mountain West Insurance
Inc

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222078

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 45 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Michel Vinet

Mailing Address 745 Fort Street Mall Ste 1000

City Honolulu State HI Zip Code 96813-3809

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

Name of Employer Insurance Factors Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: 9222079

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Hartwig Moss IV

Mailing Address 2626 Canal St
3rd Floor

City New Orleans State LA Zip Code 70119-6410

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

Name of Employer Hartwig Moss Insurance Ag-
ency, Ltd. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: 9222082

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 26670 N Telegraph Rd

City Flat Rock State MI Zip Code 48134-1655

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

Name of Employer Frost & Remer Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: 9222084

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Kirkpatrick

Mailing Address 110 W Chicago St

City State Zip Code
Bronson MI 49028-1248

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

Name of Employer Occupation
Hathaway Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222085

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Brenda S. Hahn

Mailing Address 221 N Spruce St

City State Zip Code
Ogallala NE 69153-2552

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

Name of Employer Occupation
Western Insurors of NE Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222091

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Deb Schilz

Mailing Address 221 N Spruce St

City State Zip Code
Ogallala NE 69153-2552

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

Name of Employer Occupation
Western Insurors of NE Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: 9222092

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Richard E. Dinger

Mailing Address 3156 Foothill Blvd

City State Zip Code
La Crescenta CA 91214-4258

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

Name of Employer Occupation
Crescenta Valley Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2010

Transaction ID: 9222694

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Brandon Okita

Mailing Address 99 S Lake Ave Ste 300

City State Zip Code
Pasadena CA 91101-2697

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2010

Transaction ID: 9222700

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Barbara Lizotte

Mailing Address 20 High Street

City State Zip Code
Hampton NH 03842-2214

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

Name of Employer Occupation
Tobey & Merrill, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2010

Transaction ID: 9223155

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 48 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Lynette Westcott

Mailing Address 92 Main St

City State Zip Code
Lancaster NH 03584-3026

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

Name of Employer
Marshall Insurance Agency, LLC

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 9223156

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 511 W 2nd St

City State Zip Code
Williston ND 58801-5907

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

Name of Employer
Manger Insurance, Inc

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 9223159

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael E. Cole

Mailing Address 2738 E 51st St Ste 400

City State Zip Code
Tulsa OK 74105-6227

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

Name of Employer
Rich & Cartrmill, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: 9223160

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 87
(check only one)

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

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

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

A.

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

Mailing Address 1600 Blount Ave

City State Zip Code
Guntersville AL 35976-1840

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

Name of Employer Woodall & Hoggle Insurance Agency
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 9226618

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 831 South Perry St Ste 100

City State Zip Code
Castle Rock CO 80104-1920

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

Name of Employer CoWest Insurance Group Corporate Office
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 9226621

Amount of Each Receipt this Period
5000.00

C.

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

Mailing Address 538 Main St

City State Zip Code
Gooding ID 83330-1332

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2010

Transaction ID: 9226622

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **5850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 87

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Kay T Lockhart

Mailing Address 310 N Stewart St

City

Carson City

State

NV

Zip Code

89701-4207

FEC ID number of contributing federal political committee.

C

Name of Employer
Nevada Independent Insura-
nce Agents

Occupation

Executive Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9226626

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce Q. White, Jr.

Mailing Address 2201 Oyster Bay Lane

City

Gulf Shores

State

AL

Zip Code

36542-4000

FEC ID number of contributing federal political committee.

C

Name of Employer
Whitehaven Insurance Grou-
p, Inc.

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 9226753

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sandra Albrecht

Mailing Address 5330 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-3815

FEC ID number of contributing federal political committee.

C

Name of Employer
The Mahoney Group

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 9226754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Leon B. Byrd, Jr

Mailing Address 5330 N La Cholla Blvd

City Tucson State AZ Zip Code 85741-3815

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

Name of Employer The Mahoney Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2010
Transaction ID: 9226755
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 1835 S Extension Rd

City Mesa State AZ Zip Code 85210-5942

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

Name of Employer The Mahoney Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2010
Transaction ID: 9226756
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Steven R. Goble

Mailing Address 1835 S Extension Rd

City Mesa State AZ Zip Code 85210-5942

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

Name of Employer The Mahoney Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2010
Transaction ID: 9226757
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 87
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John W. McEvoy

Mailing Address 1119 E Cottonwood Lane

City State Zip Code
Casa Grande AZ 85122-2950

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

Name of Employer
M & O Agencies, Inc. dba
The Mahoney G

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: 9226758

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1835 S Extension Rd

City State Zip Code
Mesa AZ 85210-5942

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

Name of Employer
The Mahoney Group

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: 9226759

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Glenn Nelson

Mailing Address 1119 E Cottonwood Lane

City State Zip Code
Casa Grande AZ 85122-2950

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

Name of Employer
M & O Agencies, Inc. dba
The Mahoney G

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: 9226760

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Drew Newton		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 5330 N La Cholla Blvd		Transaction ID: 9226761		
	City Tucson	State AZ	Zip Code 85741-3815	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Mahoney Group		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) RBrad Rucker		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 1740 Beverly Ave # A		Transaction ID: 9226762		
	City Kingman	State AZ	Zip Code 86409-3564	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Mahoney Group		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Thomas R Jones		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 1780 N Krome Ave		Transaction ID: 9226763		
	City Homestead	State FL	Zip Code 33030-3236	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T. R. Jones & Company		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 54 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Betsy McClain		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0		
	Mailing Address 5775 Glenridge Dr NE Ste B400		Transaction ID: 9226765		
	City Atlanta	State GA	Zip Code 30328-7133	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tanner Ballew & Maloof, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.50			

B.	Full Name (Last, First, Middle Initial) Jackson H. Sherrill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0		
	Mailing Address 7805 Waters Ave Suite 11A		Transaction ID: 9226766		
	City Savannah	State GA	Zip Code 31406-2445	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sherrill & Company		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Patricia A. Baker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0		
	Mailing Address 538 Main St		Transaction ID: 9226768		
	City Gooding	State ID	Zip Code 83330-1332	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baker Insurance Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Kreisler		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 109 W 1st St		Transaction ID: 9226769		
	City O Fallon	State IL	Zip Code 62269-2051	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Warma Witter Kreisler & Gregov	Occupation President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Gerald Griffin		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 6367 Mill St		Transaction ID: 9226788		
	City Rhinebeck	State NY	Zip Code 12572-1427	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kane Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Richard Hutson		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 64 Broad St		Transaction ID: 9226796		
	City Charleston	State SC	Zip Code 29401-2901	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer William Means Co Insurance	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 56 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Spencer M. Crowder		Date of Receipt
	Mailing Address 109 S Mecklenburg Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 29 / 2010
	City	State	Zip Code
	South Hill	VA	23970-2617
	FEC ID number of contributing federal political committee. C		Transaction ID: 9226798
Name of Employer Crowder & Holloway, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) David Monk		Date of Receipt
	Mailing Address 126 North Isabella St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Sylvester	GA	31791-2158
	FEC ID number of contributing federal political committee. C		Transaction ID: 9227406
Name of Employer Worth Insurance Agency, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Bob Monk		Date of Receipt
	Mailing Address 126 North Isabella St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Sylvester	GA	31791-2158
	FEC ID number of contributing federal political committee. C		Transaction ID: 9227407
Name of Employer Worth Insurance Agency, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 57 / 87	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Joanne M. Bankos		Date of Receipt																					
Mailing Address 2900 Eastern Blvd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	1	0														
City	State	Zip Code	Transaction ID: 9227410																				
York	PA	17402-2910																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																					
C		250.00																					
Name of Employer Collens Wagner Agency		Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	58334.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 87	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Vaughn Ward For Congress		Date of Receipt
Mailing Address 324 E. Stonewater Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
City	State	Transaction ID: 9227114
Eagle	ID	Amount of Each Receipt this Period
	83616	<input type="text"/> 5000.00
FEC ID number of contributing federal political committee.		Refund of 2010 General El- ection Contribution
<input type="text"/> C C00459610		
Name of Employer	Occupation	
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 5000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement <hr/> Candidate Name Sen. Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163232 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Judy Biggert For Congress <hr/> Mailing Address P.O. Box 637 <hr/> City Hinsdale State IL Zip Code 60522 Purpose of Disbursement <hr/> Candidate Name Rep. Judy Biggert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163387 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City Des Moines State IA Zip Code 50304 Purpose of Disbursement <hr/> Candidate Name Sen. Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163388 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Coburn For Senate 2010		Transaction ID: 9163389	
	Mailing Address Post Office Box 977		Date of Disbursement 06 / 02 / 2010	
	City Muskogee	State OK	Zip Code 74402	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Thomas Allen Coburn, M.D.		Disbursement For: 2010		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OK District:				
B.	Full Name (Last, First, Middle Initial) David Vitter For Us Senate		Transaction ID: 9163390	
	Mailing Address PO Box 8175		Date of Disbursement 06 / 02 / 2010	
	City Metairie	State LA	Zip Code 70011	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. David Vitter		Disbursement For: 2010		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District:				
C.	Full Name (Last, First, Middle Initial) Friends Of John McCain Inc		Transaction ID: 9163391	
	Mailing Address PO Box 16664		Date of Disbursement 06 / 02 / 2010	
	City Arlington	State VA	Zip Code 22215	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. John S. McCain		Disbursement For: 2010		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District:				

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Next Century Fund <hr/> Mailing Address 116 S Royal St <hr/> City Alexandria State VA Zip Code 22314-3328 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163392 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bluegrass Committee <hr/> Mailing Address 400 N Capitol St NW Ste 585 <hr/> City Washington State DC Zip Code 20001-1502 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163393 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement Candidate Name Rep. David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163394 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) David Scott For Congress	Transaction ID: 9163396 Date of Disbursement 06 / 02 / 2010
	Mailing Address P.O. Box 960821	Amount of Each Disbursement this Period 500.00
	City Riverdale State GA Zip Code 30296	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Albert Scott	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza	Transaction ID: 9163397 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 1000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Dennis A. Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCOTTPAC	Transaction ID: 9163398 Date of Disbursement 06 / 02 / 2010
	Mailing Address 1305 East Abingdon Drive #2	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends For Gregory Meeks</p> <p>Mailing Address 153-01 Jamaica Ave. Suite 535</p> <p>City Jamaica State NY Zip Code 11432</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gregory W. Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 06</p>	<p>Transaction ID: 9163399</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) EDPAC</p> <p>Mailing Address 499 S. Capitol Street, SW Suite 42</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 9163400</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Levin For Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 12</p>	<p>Transaction ID: 9163401</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 9163402 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 25950	Amount of Each Disbursement this Period 1000.00
	City Woodbury State MN Zip Code 55125	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michele Bachmann	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 9163403 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 25950	Amount of Each Disbursement this Period 1000.00
	City Woodbury State MN Zip Code 55125	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michele Bachmann	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 9163404 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 177	Amount of Each Disbursement this Period 1500.00
	City Booneville State MS Zip Code 38829	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Travis Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends Of Bill Posey <hr/> Mailing Address P. O. Box 360877 <hr/> City Melbourne State FL Zip Code 32936 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163405 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congress, Inc. <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles W. Boustany, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163406 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michaud For Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael H. Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163407 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen <hr/> Mailing Address P.O. Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Erik Paulsen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163408 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 03
B. Full Name (Last, First, Middle Initial) Lance For Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Leonard Lance <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163409 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 07
C. Full Name (Last, First, Middle Initial) Georgians For Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163410 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District:

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Defend America PAC	Transaction ID: 9163425 Date of Disbursement
	Mailing Address 700 12th Street, NW Suite 700	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 9163426 Date of Disbursement
	Mailing Address PO Box 12567	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. James E. Clyburn	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling	Transaction ID: 9163468 Date of Disbursement
	Mailing Address PO Box 820504	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Jeb Hensarling	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee <hr/> Mailing Address PO Box 3370 <hr/> City Palm Springs State CA Zip Code 92263 <hr/> Purpose of Disbursement <hr/> Candidate Name Mary Bono <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9163969 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) John Campbell For Congress <hr/> Mailing Address 4590 Macarthur Boulevard Suite 500 <hr/> City Newport Beach State CA Zip Code 92660 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Campbell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	Transaction ID: 9184172 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 0
C. Full Name (Last, First, Middle Initial) Scalise For Congress <hr/> Mailing Address PO Box 23219 Suite 301 <hr/> City Jefferson State LA Zip Code 70183 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Steve Scalise <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00
011 Category/ Type	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ►

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

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	Transaction ID: 9184174 Date of Disbursement 06 / 09 / 2010
	Mailing Address PO Box 233	Amount of Each Disbursement this Period 5000.00
	City Nashua State NH Zip Code 03061	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Kelly Ayotte	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 9184176 Date of Disbursement 06 / 09 / 2010
	Mailing Address PO Box 3451	Amount of Each Disbursement this Period 5000.00
	City Concord State NH Zip Code 03302	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles F. Bass	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Portman For Senate Committee	Transaction ID: 9184179 Date of Disbursement 06 / 09 / 2010
	Mailing Address 8331 Little Harbor Drive	Amount of Each Disbursement this Period 5000.00
	City Cincinnati State OH Zip Code 45244	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Rob Portman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) GOP Generation Y PAC	Transaction ID: 9184382 Date of Disbursement 06 / 09 / 2010
	Mailing Address PO Box 9055	Amount of Each Disbursement this Period 2500.00
	City Peoria State IL Zip Code 61612	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Idaho Republican Party	Transaction ID: 9184383 Date of Disbursement 06 / 09 / 2010
	Mailing Address P.O. Box 2267	Amount of Each Disbursement this Period 2500.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 9184386 Date of Disbursement 06 / 09 / 2010
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 5000.00
	City Sacramento State CA Zip Code 95841	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W First St City Corning State NY Zip Code 14830 Purpose of Disbursement 011 Candidate Name Mr. Thomas Reed Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29	Transaction ID: 9192895 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Randy Hultgren For Congress Mailing Address PO Box 39 City Batavia State IL Zip Code 60510 Purpose of Disbursement 011 Candidate Name Mr. Randy Hultgren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	Transaction ID: 9192903 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Blue Dog PAC Mailing Address 236 Massachusetts Ave NE Ste 603 City Washington State DC Zip Code 20002-4980 Purpose of Disbursement 011 Candidate Name Blue Dog PAC 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) ▼ State: District:	Transaction ID: 9205253 Date of Disbursement 06 / 17 / 2010 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ►

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress <hr/> Mailing Address 1071 Twin Branch Ln <hr/> City State Zip Code Weston FL 33326 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Debbie Wasserman-Schultz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205255 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 3500.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy <hr/> Mailing Address 151 Linden Road <hr/> City State Zip Code Mineola NY 11501 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205256 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Majority Committee PAC <hr/> Mailing Address P.O. Box 10134 <hr/> City State Zip Code Bakersfield CA 93389 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205257 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) NewPac <hr/> Mailing Address P.O. Box 7480 <hr/> City Visalia State CA Zip Code 93290-7480 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205258 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Friends Of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205259 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9205260 Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: 9205261 Date of Disbursement 06 / 17 / 2010
	Mailing Address 499 S Capitol St SW Ste 414	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-4009	011 Category/ Type
	Purpose of Disbursement	
Candidate Name AMERIPAC	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) ▼ State: District:	
B.	Full Name (Last, First, Middle Initial) 13th Colony Leadership Cmte	Transaction ID: 9205264 Date of Disbursement 06 / 17 / 2010
	Mailing Address PO Box 114	Amount of Each Disbursement this Period 2500.00
	City Savannah State GA Zip Code 31402-0114	011 Category/ Type
	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) ▼ State: District:	
C.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 9205265 Date of Disbursement 06 / 17 / 2010
	Mailing Address Post Office Box 112	Amount of Each Disbursement this Period 1000.00
	City Burlingame State CA Zip Code 94011	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Jackie Speier	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 12	

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Driehaus For Congress

Mailing Address 650 Fox Trails Way

City Cincinnati State OH Zip Code 45233

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Steven Driehaus

Office Sought: House Senate President
State: OH District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9205266
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Donald A. Manzullo

Office Sought: House Senate President
State: IL District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9205267
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Michael Avery Ross

Office Sought: House Senate President
State: AR District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9205268
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9205269 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mchenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Patrick Timothy McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9205270 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9205271 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 631-B Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name The Freedom Project 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) ▼ State: District:	Transaction ID: 9205272 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Liberty Project <hr/> Mailing Address 217 Third Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 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) ▼ State: District:	Transaction ID: 9205273 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) PATPAC <hr/> Mailing Address 610 S. Boulevard Street <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement 011 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) ▼ State: District:	Transaction ID: 9205274 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">6500.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 06</p>	<p>Transaction ID: 9205276 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Joe Lieberman</p> <p>Mailing Address PO Box 231294 State House Square</p> <p>City Hartford State CT Zip Code 06123</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Joseph I. Lieberman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District:</p>	<p>Transaction ID: 9205277 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Connie Mack</p> <p>Mailing Address P.O. Box 519 Pmb 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Connie Mack, IV</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 14</p>	<p>Transaction ID: 9205278 Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Walter Jones Committee Mailing Address PO Box 3962 City Greenville State NC Zip Code 27836 Purpose of Disbursement 011 Candidate Name Rep. Walter B. Jones, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 03	Transaction ID: 9205279 Date of Disbursement 06 / 17 / 2010 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Rehberg For Congress Mailing Address PO Box 1597 City Helena State MT Zip Code 59624 Purpose of Disbursement 011 Candidate Name Rep. Dennis R. Rehberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 01	Transaction ID: 9205280 Date of Disbursement 06 / 17 / 2010 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden Mailing Address 18 North Second Street, Box 37 City Saint Clair State PA Zip Code 17970 Purpose of Disbursement 011 Candidate Name Rep. Tim Holden Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17	Transaction ID: 9205283 Date of Disbursement 06 / 17 / 2010 Amount of Each Disbursement this Period 1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei		Transaction ID: 9205284 Date of Disbursement 06 / 17 / 2010	
	Mailing Address PO Box 74		Amount of Each Disbursement this Period 1000.00	
	City Syracuse	State NY	Zip Code 13214	011 Category/ Type
	Purpose of Disbursement			
Candidate Name Rep. Daniel B. Maffei		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 25		
B.	Full Name (Last, First, Middle Initial) Walden for Congress		Transaction ID: 9205285 Date of Disbursement 06 / 17 / 2010	
	Mailing Address P.O. Box 1091		Amount of Each Disbursement this Period 5000.00	
	City Hood River	State OR	Zip Code 97031	011 Category/ Type
	Purpose of Disbursement			
Candidate Name Greg Walden		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: OR District: 00		
C.	Full Name (Last, First, Middle Initial) Scott Garrett For Congress		Transaction ID: 9205291 Date of Disbursement 06 / 17 / 2010	
	Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 3000.00	
	City Newton	State NJ	Zip Code 07860	011 Category/ Type
	Purpose of Disbursement			
Candidate Name Rep. Scott Garrett		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NJ District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Heath Shuler For Congress

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Heath Shuler

Office Sought: House Senate President
State: NC District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9205292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Kosmas For Congress

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Suzanne M. Kosmas

Office Sought: House Senate President
State: FL District: 24

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9207930

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Kosmas For Congress

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Suzanne M. Kosmas

Office Sought: House Senate President
State: FL District: 24

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9207931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Marco Rubio For Us Senate

Mailing Address 2030 South Douglas Road Suite 105

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Marco Rubio

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

Transaction ID: 9207932

Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dan Coats For Indiana

Mailing Address PO Box 301141

City State Zip Code
Indianapolis IN 46230

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Daniel Coats

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

Transaction ID: 9208356

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Voice for Freedom

Mailing Address 2814 Spring Road, Ste. 103

City State Zip Code
Atlanta GA 30339

Purpose of Disbursement

011
Category/
Type

Candidate Name

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

Transaction ID: 9208362

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 87

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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Acton PAC <hr/> Mailing Address P.O. Box 442 <hr/> City State Zip Code Sharpsburg GA 30277 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9208366 Date of Disbursement 06 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) New Pioneers PAC <hr/> Mailing Address 228 S Washington Street, Ste 115 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9208371 Date of Disbursement 06 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Gardner For Congress <hr/> Mailing Address PO Box 2408 <hr/> City State Zip Code Loveland CO 80539 <hr/> Purpose of Disbursement <hr/> Candidate Name Cory Gardner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9208379 Date of Disbursement 06 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Congressional Trust 2010</p> <p>Mailing Address 228 S Washington Street, Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 9208422 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Denham For Congress</p> <p>Mailing Address 2150 River Plaza Dr #150</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Mr. Jeff Denham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 19</p>	<p>Transaction ID: 9208439 Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 08</p>	<p>Transaction ID: 9223219 Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Braley For Congress <hr/> Mailing Address PO Box 390 <hr/> City Waterloo State IA Zip Code 50704 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bruce Braley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9223220 Date of Disbursement 06 / 23 / 2010	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Defend America PAC <hr/> Mailing Address 700 12th Street, NW Suite 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9223221 Date of Disbursement 06 / 23 / 2010
Amount of Each Disbursement this Period 2500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Roy Blunt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9223222 Date of Disbursement 06 / 23 / 2010
Amount of Each Disbursement this Period 2500.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	198000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9283570 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 4.95
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE
B. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9283571 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 776.99
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9283572 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 504.74
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE

SUBTOTAL of Disbursements This Page (optional) ▶

1286.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City State Zip Code
Cincinnati OH 45263

Purpose of Disbursement
CREDIT CARD PROCESSING CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9283573

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CH-
ARGE

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

Mailing Address 1840 Embarcadero Rd

City State Zip Code
Palo Alto CA 94303

Purpose of Disbursement
CREDIT CARD PROCESSING CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9283574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CREDIT CARD PROCESSING CH-
ARGE

SUBTOTAL of Disbursements This Page (optional) ►

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