

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

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

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

5. Covering Period 09 01 2007 through 09 30 2007

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

Type or Print Name of Treasurer Robert A. Rusbuldt

Signature of Treasurer Electronically Filed by Robert A. Rusbuldt Date 10 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		171328.98
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	217646.56									
(c) Total Receipts (from Line 19)	45590.00	628668.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	263236.56	799997.74								
7. Total Disbursements (from Line 31)	47744.00	584505.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	215492.56	215492.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27025.00	434909.26
(i) Itemized (use Schedule A)	18565.00	193709.50
(ii) Unitemized	45590.00	628618.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	45590.00	628618.76
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	50.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	45590.00	628668.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45590.00	628668.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	47000.00	574000.00
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	150.00	2410.00
(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))	150.00	2410.00
29. Other Disbursements.....	594.00	8095.18
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47744.00	584505.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47744.00	584505.18

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	45590.00	628618.76
34. Total Contribution Refunds (from Line 28(d))	150.00	2410.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45440.00	626208.76
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	50.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-50.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Bryan Anthony Ball

Mailing Address 1314 E Atlantic Blvd

City Pompano Beach State FL Zip Code 33060-6745

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

Name of Employer Frank H. Furman, Inc. Occupation Account Executive

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 9 / 0 5 / 2 0 0 7

Transaction ID: 4133043

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Foster Gaines Finley

Mailing Address 300 S Orange Ave

City Sarasota State FL Zip Code 34236-6804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: 4133044

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James R. Havron

Mailing Address 271 West Canton Avenue

City Winter Park State FL Zip Code 32789-3188

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

Name of Employer Cooper Simms Nelson & Mosley Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: 4133046

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. C H. Long, Jr		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 29190 US HWY 19 N		Transaction ID: 4133049	
City State Zip Code Clearwater FL 33761-2400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Thomas Ross		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 4153 Main St		Transaction ID: 4133057	
City State Zip Code Skokie IL 60076-2780	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Raymond F. Fox		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 9265 Counselors Row Suite 108		Transaction ID: 4133231	
City State Zip Code Indianapolis IN 46240-6402	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEBS, CGBA Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William R. McCarty		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address 234 Main St		Transaction ID: 4133234
City Florence	State KY	Zip Code 41042-2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tri-City Insurance Services, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. R. C. Riley		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address 1120 Main St		Transaction ID: 4133236
City Benton	State KY	Zip Code 42025-1450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peel & Holland Financial 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	

Full Name (Last, First, Middle Initial) C. Michael Glaser		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address 11422 Miracle Hills		Transaction ID: 4133241
City Omaha	State NE	Zip Code 68154-4420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Marcotte 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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Joan Steinmann		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 3800 Old Cheney Rd		Transaction ID: 4133242	
City Lincoln	State NE	Zip Code 68516-5901	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Frontier Insurance Agency (Main)	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Gail Bundy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 4407 Lomas Blvd NE		Transaction ID: 4133244	
City Albuquerque	State NM	Zip Code 87110-7752	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gerding McMahon Padon & Koller, 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		

Full Name (Last, First, Middle Initial) C. Paul D. Ranieri		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 457 Palmer Rd		Transaction ID: 4133246	
City Yonkers	State NY	Zip Code 10701-5255	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer D. C. Ranieri Insurance Agency	Occupation CPCU		
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) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Craig Wiseman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 289 E Center St		Transaction ID: 4133247	
City State Zip Code Provo UT 84606-3133		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wiseman Insurance Agency, LC		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Joseph M. Binsfeld		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 5628 East Thomas Road		Transaction ID: 4133679	
City State Zip Code Phoenix AZ 85018-8117		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer General Southwest Insurance Agency		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Todd Brandon		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 217 Aragon Ave		Transaction ID: 4133681	
City State Zip Code Coral Gables FL 33134-5008		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer R A Brandon & Company, 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William Dowd		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007	
Mailing Address 4752 W Commercial Blvd		Transaction ID: 4133683	
City State Zip Code Tamarac FL 33319-2877	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer W. F. Roemer Insurance Agency, Inc.	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Stan Strecker		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007	
Mailing Address 2300 S Orchard		Transaction ID: 4133684	
City State Zip Code Boise ID 83705-6722	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Western States Ins Inc	Occupation Producer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Frank P. Licato		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007	
Mailing Address 2325 Plainfield Ave		Transaction ID: 4133687	
City State Zip Code South Plainfield NJ 07080-2905	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Frank P. Licato 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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Deb Schilz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 221 N. Spruce		Transaction ID: 4135177	
City Ogallala	State NE	Amount of Each Receipt this Period 500.00	
Zip Code 69153-2552		FEC ID number of contributing federal political committee. C	
Name of Employer Western Insurors of NE	Occupation Agency Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Nathan Riedel		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 127 South Peyton Street		Transaction ID: 4139611	
City Alexandria	State VA	Amount of Each Receipt this Period 10.00	
Zip Code 22314-2879		FEC ID number of contributing federal political committee. C	
Name of Employer Independent Insurance Agents & Brokers	Occupation Vice President, Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. Bernie Trujillo		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 6180 W Viking Rd		Transaction ID: 4139621	
City Las Vegas	State NV	Amount of Each Receipt this Period 500.00	
Zip Code 89103-2236		FEC ID number of contributing federal political committee. C	
Name of Employer McFadden 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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1010.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Rick F. Kekula

Mailing Address 3113 West Beltline Hwy

City Madison State WI Zip Code 53713-2830

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

Name of Employer: Mortenson Matzelle & Meldrum, 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
 09 / 06 / 2007

Transaction ID: 4139624

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Patty S. Hutchinson

Mailing Address 6180 W Viking Rd

City Las Vegas State NV Zip Code 89103-2236

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

Name of Employer: McFadden 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
 09 / 06 / 2007

Transaction ID: 4139637

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Andrew Anderson

Mailing Address 12001 Long Beach Blvd

City Long Beach Townshi State NJ Zip Code 08008-6270

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

Name of Employer: Anderson 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
 09 / 11 / 2007

Transaction ID: 4146149

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William C. Wetzel		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 410 E Grand		Transaction ID: 4146153	
City State Zip Code Ponca City OK 74601-5405	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Loftis & Wetzel Corporation	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Avery B. Wilkerson, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 4727-B Sunset Blvd		Transaction ID: 4146156	
City State Zip Code Lexington SC 29072-9151	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Countybank Insurance, Inc	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Robert Shcolnik		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 1750 E Glendale Ave		Transaction ID: 4146194	
City State Zip Code Phoenix AZ 85020-5505	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HUB International Milne of Arizona	Occupation		
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) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Christopher T. Gaddis		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 150 S Wacker Dr		Transaction ID: 4146195	
City State Zip Code Chicago IL 60606-4103	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Donald Gaddis 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		

Full Name (Last, First, Middle Initial) B. Jim Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 3310 N White Sands Blvd		Transaction ID: 4146204	
City State Zip Code Alamogordo NM 88310-9799	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Charles, Garland & Harris Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ross Turner		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 623 Halton Road		Transaction ID: 4146207	
City State Zip Code Greenville SC 29607-3403	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Turner Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Allen Karch		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 2500 Village Green Place		Transaction ID: 4146518
City Champaign	State IL	Amount of Each Receipt this Period 200.00
Zip Code 61822-7675	FEC ID number of contributing federal political committee. C	
Name of Employer Snyder Insurance Agency	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Brian V. Konen		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 2111 Plum		Transaction ID: 4146519
City Aurora	State IL	Amount of Each Receipt this Period 200.00
Zip Code 60506-3252	FEC ID number of contributing federal political committee. C	
Name of Employer Konen 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 ▼ 1310.00	

Full Name (Last, First, Middle Initial) C. Kenneth M. Samson		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 628 Academy Drive		Transaction ID: 4146520
City Northbrook	State IL	Amount of Each Receipt this Period 200.00
Zip Code 60062-2421	FEC ID number of contributing federal political committee. C	
Name of Employer Dasco 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 ▼ 1060.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William Ryan		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 125 W Main St		Transaction ID: 4146604	
City Maroa	State IL	Zip Code 61756-0649	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stoutenborough Insurance Agency	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Rick Sutton		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 7320 N Villa Lake Dr		Transaction ID: 4146606	
City Peoria	State IL	Zip Code 61614-8210	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Interstate Risk Placement Inc	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) C. Dino C. Gavanis		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 127 N Walnut Ave		Transaction ID: 4146607	
City Itasca	State IL	Zip Code 60143-1729	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Premier Risk Services, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1610.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Philip M. Beard		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address 102 N 9th St		Transaction ID: 4146609
City State Zip Code Mount Vernon IL 62864-4002	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brooke Insurance dba The Insurance Sto	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) CWilliam Schmidt		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address PO Box 463		Transaction ID: 4146611
City State Zip Code Edwardsville IL 62025-0463	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Illinois Underwr- iters Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Peter M. Casper		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address P O Box 13020		Transaction ID: 4146780
City State Zip Code Springfield IL 62791-3020	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wells Fargo Insurance Ser- vices	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. William J. Hooker		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 206 E Mazon Ave		Transaction ID: 4146781
City Dwight	State IL	Amount of Each Receipt this Period 200.00
Zip Code 60420-1136	FEC ID number of contributing federal political committee. C	
Name of Employer William J Hooker Agency, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Todd Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 1105 N North St		Transaction ID: 4146782
City Peoria	State IL	Amount of Each Receipt this Period 200.00
Zip Code 61606-1918	FEC ID number of contributing federal political committee. C	
Name of Employer Davis Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Gregory Sandrock		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 107 S Main Street		Transaction ID: 4146783
City Tampico	State IL	Amount of Each Receipt this Period 200.00
Zip Code 61283-7766	FEC ID number of contributing federal political committee. C	
Name of Employer Cornerstone Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Mike Wojcik		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 10320 Orland Pkwy		Transaction ID: 4146784	
City Orland Park	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60467-5627			
FEC ID number of contributing federal political committee. C			
Name of Employer The Horton Group, Inc	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Charles J. Stewart		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 3438 N Southport		Transaction ID: 4146785	
City Chicago	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60657-1420			
FEC ID number of contributing federal political committee. C			
Name of Employer Lakeview 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 ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Thomas G. Mollenhauer		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 23 North Lincolnway		Transaction ID: 4146786	
City North Aurora	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60542-1635			
FEC ID number of contributing federal political committee. C			
Name of Employer Pinnacle Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Michael Linderman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address 517 N Wolf Rd		Transaction ID: 4146787	
City Wheeling	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60090-3027		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Insurance Center	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) B. Jackie Gould		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address One Century Centre 1750 E Golf Road		Transaction ID: 4146788	
City Schaumburg	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60173-5835		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Assurance Agency Ltd	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Todd C. Henricks		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address 103 S Jackson St		Transaction ID: 4146789	
City Cerro Gordo	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 61818-0110		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Chapman-Henricks Ins Agcy Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Dan A. Sergi		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 225 Smith Rd		Transaction ID: 4146790	
City State Zip Code St Charles IL 60174-5208	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wine Sergi & Co LLC	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Michael L. Sullivan		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 852 W Bartlett Rd		Transaction ID: 4146791	
City State Zip Code Bartlett IL 60103-4494	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sullivan & Associates - Insurance & Ri	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1181.26		

C. Full Name (Last, First, Middle Initial) William A. Snow		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 552 S Washington		Transaction ID: 4146792	
City State Zip Code Naperville IL 60540-6658	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MIC Ins Brokerage	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Luke F. Praxmarer		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 25 Northwest Point Blvd		Transaction ID: 4146793	
City Elk Grove Village	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60007-1056			
FEC ID number of contributing federal political committee. C			
Name of Employer Corkill Insurance Agency Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) B. Bryce M. Carey		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 153 E Lincoln Ave		Transaction ID: 4146794	
City Hinckley	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60520-9220			
FEC ID number of contributing federal political committee. C			
Name of Employer BMC 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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. James W. Ander		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 361 S Frontage Rd		Transaction ID: 4147050	
City Burr Ridge	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60527-5804			
FEC ID number of contributing federal political committee. C			
Name of Employer Stewart-Keator-Kessberger & Lederer, I	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Douglas N. Whitworth Mailing Address 415 S 17 St City Mattoon State IL Zip Code 61938-5201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007 Transaction ID: 4147051 Amount of Each Receipt this Period 200.00
Name of Employer: Gardner-Whitworth Insurance Agency, In Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Robb Dale Mailing Address 110 Unity St City Bellingham State WA Zip Code 98225-4418 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007 Transaction ID: 4149528 Amount of Each Receipt this Period 250.00
Name of Employer: The Unity Group Insurance & Financial Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Paul Choate Mailing Address 100 W. Peach St. City El Dorado State AR Zip Code 71730-5611 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007 Transaction ID: 4149529 Amount of Each Receipt this Period 60.00
Name of Employer: CMI Insurance Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Tom Helbach		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 306 Water St		Transaction ID: 4149531	
City State Zip Code Mosinee WI 54455-1458	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mosinee Insurance Agency, Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) B. Rick Russell		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 5050 Ritter Rd		Transaction ID: 4149532	
City State Zip Code Mechanicsburg PA 17055-4879	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Agents & Brokers Service Gro	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Mary Ann Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2007	
Mailing Address 12 Civic Center Plaza		Transaction ID: 4149534	
City State Zip Code Mankato MN 56001-7781	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nesbit Agencies, Inc.	Occupation CIC, CISR, CPIW		
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) ▶	155.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
William H. Pierz

Mailing Address 401 Merritt 7 Plaza Level

City Norwalk State CT Zip Code 06851-1000

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

Name of Employer Shoff Darby Companies, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
09 / 15 / 2007

Transaction ID: 4149537

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert P. Holman

Mailing Address 3655 N Point Pkwy

City Alpharetta State GA Zip Code 30005-2025

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

Name of Employer Holman and Company Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 18 / 2007

Transaction ID: 4160259

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Carole Marcinkus

Mailing Address 127 N Walnut Ave

City Itasca State IL Zip Code 60143-1729

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

Name of Employer Premier Risk Services, Inc. Occupation Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 18 / 2007

Transaction ID: 4160262

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Roosevelt Haywood, III		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 650 S Lake St		Transaction ID: 4160263	
City State Zip Code Gary IN 46403-2927		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Haywood and Fleming Associates		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Stephen R. Kinkade		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 313 N Main St		Transaction ID: 4160267	
City State Zip Code Leitchfield KY 42754-2230		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kinkade-Cornell 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	

Full Name (Last, First, Middle Initial) C. Angelo J. Nicolai		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 2277 Rte 33 Golden Crest Corporate Center		Transaction ID: 4160274	
City State Zip Code Hamilton Square NJ 08690-1700		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Nottingham Insurance		Occupation	
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) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Alan K Kinney, Jr		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007
Mailing Address 307 Route 2		Transaction ID: 4160312
City South Hero	State VT	Zip Code 05486-4213
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer Kinney Insurance Agency	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2850.00	

Full Name (Last, First, Middle Initial) B. Kathy P Brown		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007
Mailing Address 11342 Highway 101		Transaction ID: 4160333
City Lexington	State AL	Zip Code 35648-3201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sam Newton Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ricky A. Sims		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007
Mailing Address 400 Bexar Ave W		Transaction ID: 4160334
City Hamilton	State AL	Zip Code 35570-5522
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Robert E. Spadaccia		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 401 Main St		Transaction ID: 4160337	
City Ridgefield	State CT	Amount of Each Receipt this Period 250.00	
Zip Code 06877-4513		FEC ID number of contributing federal political committee. C	
Name of Employer Carnall Insurance, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. James A. Cafarelli		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1030 W Jericho Tpke		Transaction ID: 4160345	
City Smithtown	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 11787-3215		FEC ID number of contributing federal political committee. C	
Name of Employer Cafarelli Agency Ltd.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Brian Roberts		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 415 N 2nd St		Transaction ID: 4160361	
City Yakima	State WA	Amount of Each Receipt this Period 350.00	
Zip Code 98901-2379		FEC ID number of contributing federal political committee. C	
Name of Employer Argus Insurance, Inc.	Occupation General Manager	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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Barbara Horn

Mailing Address 151 W Main

City Ashdown State AR Zip Code 71822-2714

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

Name of Employer Horn Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 4162616

Amount of Each Receipt this Period
250.00

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

Mailing Address P O Box 3066

City Stamford State CT Zip Code 06905-0066

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

Name of Employer Troy Insurance, Inc. Occupation 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 9 / 2 5 / 2 0 0 7

Transaction ID: 4162621

Amount of Each Receipt this Period
250.00

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

Mailing Address 2500 NW 79 Ave

City Doral State FL Zip Code 33122-1073

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

Name of Employer HBA Insurance Group 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 9 / 2 5 / 2 0 0 7

Transaction ID: 4162622

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 101 Starcrest Dr

City State Zip Code
Clearwater FL 33765-3225

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

Name of Employer Occupation
Bouchard Insurance CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162623

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ramon Rodriguez

Mailing Address 2500 NW 79 Ave

City State Zip Code
Doral FL 33122-1073

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

Name of Employer Occupation
HBA Insurance Group Senior 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
09 / 25 / 2007

Transaction ID: 4162626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nunnally B. Walters

Mailing Address 1117 Perimeter Center West

City State Zip Code
Atlanta GA 30338-5451

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

Name of Employer Occupation
Snellings Walters 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
09 / 25 / 2007

Transaction ID: 4162632

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 3012 W Charleston Blvd

City State Zip Code
Las Vegas NV 89102-1972

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

Name of Employer
Aniello Insurance Agency

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162655

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Robert P. Carter

Mailing Address 696 Dutchess Turnpike

City State Zip Code
Poughkeepsie NY 12603-6444

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

Name of Employer
Carter-MGM Insurance Agency LLC

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 4162656

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Benjamin Powers, Jr.

Mailing Address 1236 Volunteer Pkwy

City State Zip Code
Bristol TN 37620-4628

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

Name of Employer
Burke, Powers & Harty, Inc.

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
09 / 25 / 2007

Transaction ID: 4162678

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Kim Cooper		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 595 Dorset Street PO Box 9230		Transaction ID: 4162680	
City State Zip Code South Burlington VT 05403-6240		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Cooper Insurance Services, Ltd. Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Fausto Alvarez		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 2500 NW 79 Ave		Transaction ID: 4162710	
City State Zip Code Doral FL 33122-1073		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HBA Insurance Group Senior Vice President			
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) Lawrence D. Meyers		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 222 Indianapolis Blvd		Transaction ID: 4162711	
City State Zip Code Schererville IN 46375-1271		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HIA Hammond Insurance 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) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Charles F. Worcester		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007
Mailing Address 37 Union Square		Transaction ID: 4162713
City Milford State NH Zip Code 03055-4239	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Hometown Insurance Agency Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. William J. Combies, Jr		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007
Mailing Address 3743 Post Rd		Transaction ID: 4162729
City Warwick State RI Zip Code 02886-7221	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Bentsen-Combies Insurance, Inc. Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. J Curtis Breitweiser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007
Mailing Address 4155 Harrison Blvd. Executive Bldg.		Transaction ID: 4162730
City Ogden State UT Zip Code 84403-2463	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Breitweiser Insurance Services, Inc. Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. L. Kay Howland		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 302 West 5400 South		Transaction ID: 4162731
City State Zip Code Murray UT 84107-5893	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Beehive 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Bill Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 14432 SE Eastgate Way		Transaction ID: 4162733
City State Zip Code Bellevue WA 98007-6493	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baldwin Resource Group, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert D. Bush		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address P O Box 847		Transaction ID: 4162734
City State Zip Code Redmond WA 98073-0847	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Redmond General Insurance Agency, Inc.	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 52
	<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 615 5th St

City Clarkston State WA Zip Code 99403-1923

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

Name of Employer Stonebraker McQuary Agency Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
09 / 25 / 2007

Transaction ID: 4162735

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Helen J. Wertheim

Mailing Address 5200 Eubank NE

City Albuquerque State NM Zip Code 87111-1759

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

Name of Employer Charter Insurance Services Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 11 / 2007

Transaction ID: 4199226

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kirk Huisenga

Mailing Address 955 2nd Ave

City Sibley State IA Zip Code 51249-1504

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

Name of Employer Huisenga-Pearson Agency, Inc. Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 17 / 2007

Transaction ID: 4199522

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 52
	(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Paul D. Ranieri

Mailing Address 457 Palmer Rd

City State Zip Code
Yonkers NY 10701-5255

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

Name of Employer Occupation
D. C. Ranieri Insurance Agency CPCU

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2007

Transaction ID: 4199541

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$150.00 This changes the YTD Total to \$15-0.00

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	27025.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Baker for Congress</p> <p>Full Name (Last, First, Middle Initial) Baker for Congress</p> <p>Mailing Address PO Box 1694</p> <p>City Baton Rouge State LA Zip Code 70821-1694</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Richard H. Baker</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 6</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178241</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
---	--	---

<p>B. Barrett for Congress Cmte</p> <p>Full Name (Last, First, Middle Initial) Barrett for Congress Cmte</p> <p>Mailing Address 700 12th Street, NW Ste 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178240</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p>
--	--	---

<p>C. Battle Born PAC</p> <p>Full Name (Last, First, Middle Initial) Battle Born PAC</p> <p>Mailing Address 514 G Street, SE</p> <p>City Washington State DC Zip Code 20003</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178267</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
---	--	---

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

**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 39 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Judy Biggert For Congress</p> <p>Mailing Address 1465 Stoddard Ave</p> <p>City Wheaton State IL Zip Code 60187-3708</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13</p>		<p>Transaction ID: 4178265 Date of Disbursement: 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period: 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Burton For Congress Cmte.</p> <p>Mailing Address P.O. Box 50593</p> <p>City Indianapolis State IN Zip Code 46250</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Dan Burton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 5</p>		<p>Transaction ID: 4178284 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period: 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address P.O. Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 0</p>		<p>Transaction ID: 4178229 Date of Disbursement: 09 / 24 / 2007</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)

PAGE 40 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Cuellar for Congress</p> <p>Full Name (Last, First, Middle Initial) Cuellar for Congress</p> <p>Mailing Address PO Box 6147</p> <p>City Laredo State TX Zip Code 78042-6147</p> <p>Purpose of Disbursement</p> <p>Candidate Name Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p>		<p>Transaction ID: 4178210</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
---	--	--

<p>B. Davis for Congress</p> <p>Full Name (Last, First, Middle Initial) Davis for Congress</p> <p>Mailing Address 700 12th Street, NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4</p>		<p>Transaction ID: 4178193</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
--	--	--

<p>C. Dreier for Congress</p> <p>Full Name (Last, First, Middle Initial) Dreier for Congress</p> <p>Mailing Address PO Box 505</p> <p>City Upland State CA Zip Code 91785-0505</p> <p>Purpose of Disbursement</p> <p>Candidate Name David Dreier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26</p>		<p>Transaction ID: 4178137</p> <p>Date of Disbursement 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
---	--	--

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

**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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. TEAM Emerson for Jo Ann Emerson		Transaction ID: 4178209
Mailing Address PO Box 822		Date of Disbursement 09 / 24 / 2007
City Cape Girardeau	State MO	Zip Code 63702
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name JoAnn Emerson	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 8		

Full Name (Last, First, Middle Initial) B. Tom Feeny for Congress		Transaction ID: 4178139
Mailing Address 1420 Alafaya Trail #103		Date of Disbursement 09 / 24 / 2007
City Oviedo	State FL	Zip Code 32765
Purpose of Disbursement	Amount of Each Disbursement this Period 2000.00	
Candidate Name Tom Feeny	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 24		

Full Name (Last, First, Middle Initial) C. Foxx for Congress		Transaction ID: 4160744
Mailing Address PO Box 1100		Date of Disbursement 09 / 19 / 2007
City Clemmons	State NC	Zip Code 27012-1100
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name Virginia Foxx	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 5		

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Foxx for Congress</p> <p>Mailing Address PO Box 1100</p> <p>City Clemmons State NC Zip Code 27012-1100</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Virginia Foxx</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4160745 Date of Disbursement: 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Granger for Congress</p> <p>Mailing Address PO Box 17447</p> <p>City Fort Worth State TX Zip Code 76102-0447</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Kay Granger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178192 Date of Disbursement: 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address P.O. Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Thomas Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178156 Date of Disbursement: 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 43 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Herseth for Congress</p>		<p>Transaction ID: 4178228 Date of Disbursement</p>	
<p>Mailing Address PO Box 2009</p>		<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City Sioux Falls</p>	<p>State SD</p>	<p>Zip Code 57101-2009</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Stephanie Herseth</p>		<p>Category/ Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: SD District: 1</p>			

<p>B. Full Name (Last, First, Middle Initial) Hoosiers for Hill</p>		<p>Transaction ID: 4178242 Date of Disbursement</p>	
<p>Mailing Address P.O. Box 1071</p>		<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City Seymour</p>	<p>State IN</p>	<p>Zip Code 47274</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Baron Hill</p>		<p>Category/ Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: IN District: 9</p>			

<p>C. Full Name (Last, First, Middle Initial) Paul Hodes For Congress</p>		<p>Transaction ID: 4178138 Date of Disbursement</p>	
<p>Mailing Address 26 South Main Street, #253</p>		<p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City Concord</p>	<p>State NH</p>	<p>Zip Code 03301</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Rep. Paul Hodes</p>		<p>Category/ Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NH District: 2</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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 44 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Darlene Hooley for Congress</p> <p>Full Name (Last, First, Middle Initial) Darlene Hooley for Congress</p> <p>Mailing Address 415 N State St Ste 152</p> <p>City Lake Oswego State OR Zip Code 97034-3244</p> <p>Purpose of Disbursement</p> <p>Candidate Name Darlene Hooley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178283</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>
---	--	---

<p>B. Manzullo for Congress</p> <p>Full Name (Last, First, Middle Initial) Manzullo for Congress</p> <p>Mailing Address PO Box 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement</p> <p>Candidate Name Donald A. Manzullo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178195</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
--	--	---

<p>C. McConnell Senate Cmte.</p> <p>Full Name (Last, First, Middle Initial) McConnell Senate Cmte.</p> <p>Mailing Address 400 N Capitol St NW Ste 585</p> <p>City Washington State DC Zip Code 20001-1502</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 0</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4178159</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>
--	--	---

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="6000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. McConnell Senate Cmte.		Transaction ID: 4178170 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 400 N Capitol St NW Ste 585		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20001-1502	Purpose of Disbursement 011 Category/Type	Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 0 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brad Miller for Congress		Transaction ID: 4178282 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address PO Box 10322		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27605-0322	Purpose of Disbursement 011 Category/Type	Candidate Name Brad Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jerry Moran for Congress		Transaction ID: 4160743 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address PO Box 1151		Amount of Each Disbursement this Period 500.00	
City Hays State KS Zip Code 67601	Purpose of Disbursement 011 Category/Type	Candidate Name Jerry Moran Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1 Disbursement For: 2008 <input checked="" 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) ▶	(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Perlmutter For Congress		Transaction ID: 4178158 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 2000.00
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Edwin Perlmutter		Disbursement For: 2008 <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: CO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Reed Cmte.		Transaction ID: 4178194 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 303 Massachusetts Ave NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type	
Candidate Name Jack Reed		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Reynolds for Congress		Transaction ID: 4178157 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 4000.00
City Rochester State NY Zip Code 14615-0388	Purpose of Disbursement 011 Category/Type	
Candidate Name Thomas Reynolds		Disbursement For: 2008 <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: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. SnowPAC		Transaction ID: 4178268 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 175 South West Temple, Ste 650		Amount of Each Disbursement this Period 3000.00
City Salt Lake City State UT Zip Code 84101		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of John Thune		Transaction ID: 4178171 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 912 F Street, NW #1106		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20004		
Purpose of Disbursement	011 Category/ Type	
Candidate Name John Thune		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 0		

Full Name (Last, First, Middle Initial) C. Tiberi for Congress		Transaction ID: 4178155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 217 3rd St SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-1904		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 12		

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)

PAGE 48 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Niki Tsongas Committee, The

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement

Candidate Name
Nicola Tsongas

Office Sought: House
 Senate
 President

State: MA District: 5

Disbursement For: 2007
 Primary General
 Other (specify) ▼
2007 Special Electio

011
Category/
Type

Transaction ID: 4178270

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

47000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 52

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

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

NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Paul D. Ranieri

Mailing Address 457 Palmer Rd

City Yonkers State NY Zip Code 10701-5255

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 4146094

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	9		1	0		2	0	0	7

Amount of Each Disbursement this Period

150.00

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

150.00

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4199244 Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p> <p>Credit Card Processing Fees</p>
<p>B. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4199245 Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 105.70</p> <p>001 Category/ Type</p> <p>Credit Card Processing Fees</p>
<p>C. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4199239 Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 109.97</p> <p>001 Category/ Type</p> <p>Credit Card Processing Fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

220.17

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial) A. Fifth Third Processing Solutions		Transaction ID: 4199241 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address 38 Fountain Square Plaza		Amount of Each Disbursement this Period 253.23
City Cincinnati State OH Zip Code 45263	Credit Card Processing Fees	
Purpose of Disbursement Credit Card Processing Fees		001 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Fifth Third Processing Solutions		Transaction ID: 4199243 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 38 Fountain Square Plaza		Amount of Each Disbursement this Period 5.70
City Cincinnati State OH Zip Code 45263	Credit Card Processing Fees	
Purpose of Disbursement Credit Card Processing Fees		001 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. InsurBanc		Transaction ID: 4199246 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 10 Executive Drive		Amount of Each Disbursement this Period 25.00
City Farmington State CT Zip Code 06032	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	283.93
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 52 / 52

<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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Paypal Inc.

Mailing Address 1840 Embarcadero Rd

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 4199247

Date of Disbursement

09 / 13 / 2007

Amount of Each Disbursement this Period

89.90

Credit Card Processing Fees

SUBTOTAL of Disbursements This Page (optional)

89.90

TOTAL This Period (last page this line number only)

594.00