

# 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 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 2006

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 03 01 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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		150585.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	62793.26									
(c) Total Receipts (from Line 19) .....	99670.42	752727.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162463.68	903313.14								
7. Total Disbursements (from Line 31) .....	63425.04	804274.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	99038.64	99038.64								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Independent Insurance Agents of America Political Action Committee (INSURPAC)

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	58853.42	516817.42
(i) Itemized (use Schedule A) .....	40817.00	234909.99
(ii) Unitemized .....	99670.42	751727.41
(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) .....	99670.42	751727.41
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
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)) .....	99670.42	752727.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99670.42	752727.41

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	268.69	11868.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	268.69	11868.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	763250.00
24. Independent Expenditure (use Schedule E) .....	23656.35	23656.35
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	500.00
29. Other Disbursements.....	0.00	5000.00
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))..	63425.04	804274.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	63425.04	804274.50

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	99670.42	751727.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	99670.42	751227.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	268.69	11868.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	268.69	11868.15

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

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Addikson Mailing Address PO Box 870 City State Zip Code Corpus Christi TX 78403-0870 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53241 Amount of Each Receipt this Period 200.00 Receipt
Name of Employer Swantner & Gordon Insurance Agency Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Aldridge Mailing Address PO Box 360 City State Zip Code Kannapolis NC 28082-0360 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53622 Amount of Each Receipt this Period 10.00 Receipt
Name of Employer Kannapolis General Insurance A Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) David Alter Mailing Address PO Box 9315 City State Zip Code Hialeah FL 33014-9315 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> 61127.C54066 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Collinsworth, After, Fowler, Dowling Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>460.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
James Ander

Mailing Address 16W361 S Frontage Rd

City Willowbrook State IL Zip Code 60527-6162

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

Name of Employer Stewart-Keator-Kessberger & Lederer Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

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

Transaction ID: 61127.C53397

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
W. Cloyce Anders

Mailing Address 845 Holt Drive

City Raleigh State NC Zip Code 27608

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

Name of Employer VFIS Of North Carolina Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2530.00

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

Transaction ID: 61127.C53623

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address PO Box 549

City Middleboro State MA Zip Code 02346-0549

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

Name of Employer Anderson-Cushing Insurance Age 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 Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C53329

Amount of Each Receipt this Period  
150.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Neil Annas

Mailing Address P O Drawer 620

City State Zip Code  
Granite Falls NC 28630

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

Name of Employer  
Granite Insurance Agency, Inc.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
580.00

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

Transaction ID: 61127.C53624

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Allan Arkwell

Mailing Address 3 Webb Pl

City State Zip Code  
Dover NH 03820-2462

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

Name of Employer  
RW Associates, 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  
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61127.C53609

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
A. William Bailey ., Cic, JR

Mailing Address PO Box 298

City State Zip Code  
Waco TX 76703-0298

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

Name of Employer  
Bailey Insurance & Financial S

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53289

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1010.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Wes Bailey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO Box 298		Transaction ID: 61026.C53099
City <b>Waco</b>	State <b>TX</b>	Zip Code <b>76703-0298</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bailey Insurance & Financial S	Occupation President	Receipt
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>B. George Baxley</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4671 Hwy 17 Bypass South		Transaction ID: 61101.C53288
City <b>Myrtle Beach</b>	State <b>SC</b>	Zip Code <b>29577-6681</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Statewide Insurance Group, Inc	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. W. David Bayless., JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 1229 501 West Woodard		Transaction ID: 61101.C53290
City <b>Denison</b>	State <b>TX</b>	Zip Code <b>75021-1229</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bayless Hall Insurance	Occupation Insurance Agent	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Larry Beach

Mailing Address PO Box 13598

City State Zip Code  
Tucson AZ 85732-3598

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

Name of Employer Occupation  
GBP Risk Solutions Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2006

Transaction ID: 61206.C54124

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jerry Beets

Mailing Address PO Box 15357

City State Zip Code  
Savannah GA 31416-2057

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

Name of Employer Occupation  
Jerry Beets & Associates President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

Transaction ID: 61101.C53313

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mickey Bennett

Mailing Address PO Box 14540

City State Zip Code  
Monroe LA 71207-4540

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

Name of Employer Occupation  
Bennett Seymour Insurance, Inc Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2006

Transaction ID: 61127.C53866

Amount of Each Receipt this Period  
500.00

Receipt

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

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Matt Berry ., SR

Mailing Address 1615 Guadalupe St

City Austin State TX Zip Code 78701-1252

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

Name of Employer William Gammon Insurance Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: 61101.C53220

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bruce Berthelsen

Mailing Address 1021 Abingdon Lane

City Alpharetta State GA Zip Code 30022

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

Name of Employer Insurance Office of America 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
1	0	/	3	0	/	2	0	0	6

Transaction ID: 61101.C53185

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lewis Beville

Mailing Address PO Box 6989

City Mobile State AL Zip Code 36660-0989

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

Name of Employer Thames Batre Mattei Beville & 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
1	1	/	0	7	/	2	0	0	6

Transaction ID: 61127.C53546

Amount of Each Receipt this Period  
250.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Robert Bird

Mailing Address 101 Weston Oaks Ct

City Cary State NC Zip Code 27513-2256

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

Name of Employer Independent Insurance Agents o  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

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

Transaction ID: 61127.C53628

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Shelby Bogan

Mailing Address 4001 E 42nd St Ste 100

City Odessa State TX Zip Code 79762-5931

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

Name of Employer Bogan Dunlap & Wood Insurance Agcy  
Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 61206.C54104

Amount of Each Receipt this Period  
300.00

Receipt

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

Mailing Address PO Box 6620

City Tyler State TX Zip Code 75711-6620

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

Name of Employer Bosworth & Associates  
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 Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53103

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	560.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

<b>A.</b> Full Name (Last, First, Middle Initial) Durr Boyles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address PO Box 2240		<b>Transaction ID:</b> 61101.C53330	
City State Zip Code Ridgeland MS 39158-2240		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Boyles Moak Brickell Marc-hetti Insurance Agent		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Bob Bramlett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address PO Box 369		<b>Transaction ID:</b> 61127.C53786	
City State Zip Code Ardmore OK 73402-0369		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation The Bramlett Agency, Inc. President & CEO		Aggregate Year-to-Date ▼ 1550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Keith Brewe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address PO Box 847		<b>Transaction ID:</b> 61127.C53829	
City State Zip Code Redmond WA 98073-0847		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Redmond General Insurance Insurance Agent		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Warren Caldwell

Mailing Address 3125 Canyon Road

City State Zip Code  
Oklahoma City OK 73120

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

Name of Employer Information Requested Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53141

Amount of Each Receipt this Period  
350.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Cecil Carlisle

Mailing Address 1810 E Main St  
P O Drawer 3030

City State Zip Code  
Alice TX 78332-4141

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

Name of Employer Occupation  
Carlisle Insurance Agency, Inc Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 61127.C53809

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dale Byron Chaffin

Mailing Address PO Box 100

City State Zip Code  
Hays KS 67601-0100

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

Name of Employer Occupation  
Insurance Planning, Inc Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 61127.C53760

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Marianna Grimes Chapman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1651 Broadway St		<b>Transaction ID: 61101.C53221</b>	
City Lubbock	State TX	Zip Code 79401-3120	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Grimes Insurance Agency, 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>B. Leamon Clemmons ., JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 79		<b>Transaction ID: 61101.C53269</b>	
City Supply	State NC	Zip Code 28462-0079	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Brunswick Insurance Services, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C. Leamon Clemmons ., JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address PO Box 79		<b>Transaction ID: 61127.C53640</b>	
City Supply	State NC	Zip Code 28462-0079	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Brunswick Insurance Services, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> 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 16 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Peter Colis

Mailing Address 234 Spring Lake Dr

City State Zip Code  
Itasca IL 60143-3202

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

Name of Employer  
Euclid Insurance Agencies, Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2006

Transaction ID: 61127.C53567

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steve Conner

Mailing Address 305 N Center St

City State Zip Code  
New Boston TX 75570-2918

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

Name of Employer  
Conner and Duffer Insurance Agency

Occupation  
Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2006

Transaction ID: 61026.C53111

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Hugh Cotton ., JR

Mailing Address PO Box 1701

City State Zip Code  
Orlando FL 32802-1701

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

Name of Employer  
Hugh Cotton Insurance Agency I

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 21 / 2006

Transaction ID: 61127.C54061

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Michelle Crawford

Mailing Address PO Box 378

City Monticello State IL Zip Code 61856-0378

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

Name of Employer  
C F & H Insurance Agency, Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: 61127.C53389

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jerry Crider

Mailing Address PO Box 870

City Corpus Christi State TX Zip Code 78403-0870

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

Name of Employer  
Swantner & Gordon Insurance Agency

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61101.C53239

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kerry Daigle CIC

Mailing Address 650 Massachusetts Ave

City Boxborough State MA Zip Code 01719-1509

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

Name of Employer  
Chrash Insurance Services Inc

Occupation  
Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

Transaction ID: 61101.C53331

Amount of Each Receipt this Period  
150.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Robb Dale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box X		<b>Transaction ID:</b> 61101.C53300	
City Bellingham	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98227		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer The Unity Group Ins & Financial Svcs	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robb Dale		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address PO Box X		<b>Transaction ID:</b> 61127.C53876	
City Bellingham	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98227		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer The Unity Group Ins & Financial Svcs	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen R Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1048		<b>Transaction ID:</b> 61101.C53223	
City Bellaire	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 77402-1048		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer GBS 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		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Driscoll		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 9120		<b>Transaction ID:</b> 61101.C53208	
City State Zip Code Norwell MA 02061		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Driscoll Agency		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Wade Dunbar, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address PO Box 3621		<b>Transaction ID:</b> 61127.C53650	
City State Zip Code Laurinburg NC 28353-3621		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Wade S. Dunbar Agency		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Dunlap		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 110 E Crockett St		<b>Transaction ID:</b> 61101.C53225	
City State Zip Code San Antonio TX 78205-2612		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Catto & Catto LLP		Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1260.00
<b>TOTAL</b> 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 20 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Elaine Eiland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 304 N St Peter 304 N St Peter		Transaction ID: 61026.C53119	
City State Zip Code Stanton TX 79782		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Eiland & Associates, Inc.		Occupation Secretary/Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rick Elliott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 6864 W 153rd St		Transaction ID: 61101.C53197	
City State Zip Code Stanley KS 66223-3119		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Elliott Insurance Group		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>C.</b> Donald Evans		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address PO Box 2268		Transaction ID: 61127.C53652	
City State Zip Code Shallotte NC 28459-2268		Amount of Each Receipt this Period 98.42	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Coastal Insurance		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1138.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1098.42
<b>TOTAL</b> 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 21 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. James Evans</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address P O Box 98		<b>Transaction ID:</b> 61101.C53364
City Parsons	State TN	Zip Code 38363-0098
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Townsend-Evans Ins	Occupation Partner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Joe Evans</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 6401 Poplar Ave #250		<b>Transaction ID:</b> 61101.C53363
City Memphis	State TN	Zip Code 38119-4866
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Menard Gates & Mathis	Occupation Vice President	Receipt
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>C. Roger Evans ., JR</b>		Date of Receipt MM / DD / YYYY 11 / 10 / 2006
Mailing Address PO Box 1437		<b>Transaction ID:</b> 61127.C53653
City Kinston	State NC	Zip Code 28503-1437
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00	
Name of Employer Evans & Associates	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Terry Ewing

Mailing Address PO Box 827

City Ruston State LA Zip Code 71273-0827

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

Name of Employer Louisiana Insurance Services, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53182

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address PO Box 976

City Hutchinson State KS Zip Code 67504-0976

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

Name of Employer Fee Insurance Group, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2006

Transaction ID: 61127.C53762

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Curtis Fendley

Mailing Address PO Box 459

City Paris State TX Zip Code 75461-0459

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

Name of Employer Pierson & Fendley Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2006

Transaction ID: 61206.C54106

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
W. Kurt Fickling CIC

Mailing Address 308 Crown Point Road

City State Zip Code  
Greenville NC 27858

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

Name of Employer Fickling Ins Consultants, Inc. Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61127.C53656

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Garrett Fleming

Mailing Address PO Box 608

City State Zip Code  
Albany GA 31702-0608

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

Name of Employer Fleming Insurance Agency Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 61127.C53749

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Cleve Folger

Mailing Address 140 Preston Executive Dr

City State Zip Code  
Cary NC 27513-8488

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

Name of Employer TriSure Corporation Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

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

Transaction ID: 61127.C53657

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. William Gammon, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1615 Guadalupe St		Transaction ID: 61101.C53229	
City Austin	State TX	Zip Code 78701-1252	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer William Gammon Insurance	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>B. Jules Gaudreau</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address PO Box 369		Transaction ID: 61127.C54078	
City Wilbraham	State MA	Zip Code 01095-0369	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer The Gaudreau Group, Inc.	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>C. Dan Gilbert</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address PO Box 338		Transaction ID: 61127.C53662	
City Fletcher	State NC	Zip Code 28732-0338	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Dan Gilbert Insurance Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	710.00
<b>TOTAL</b> 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 25 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Greene Mailing Address PO Box 40 City State Zip Code Tullahoma TN 37388-0040 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53366 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Occupation McCord Insurance Agency Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) James Gremillion ., JR Mailing Address 430 Eraste Landry Rd City State Zip Code Lafayette LA 70506-2324 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53183 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Occupation Brokers-Givens Insurance, Inc. President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

<b>C.</b> Full Name (Last, First, Middle Initial) James Gremillion ., JR Mailing Address 430 Eraste Landry Rd City State Zip Code Lafayette LA 70506-2324 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53867 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Occupation Brokers-Givens Insurance, Inc. President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Ralph Gremmel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 820 Gessner Rd Ste 1650		Transaction ID: 61026.C53122	
City State Zip Code Houston TX 77024-4279		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Summa Ins Managers 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>B.</b> Jason Hansen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 1720 NW 24th St, Suite C		Transaction ID: 61127.C53570	
City State Zip Code Fruitland ID 83619		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Polar Star Inc Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Quinton Hanson CIC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 103 Riviera Dr		Transaction ID: 61127.C54058	
City State Zip Code Florence AL 35630-1557		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Associated Insurors Inc. Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Harris Mailing Address PO Box 430 City State Zip Code Coeur D Alene ID 83816-0430 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53601 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Fred A. Harris Agency, Inc. db Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) M. Stevens Harris CIC Mailing Address PO Box 579 City State Zip Code Powhatan VA 23139-0579 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53664 Amount of Each Receipt this Period 10.00 Receipt
Name of Employer Richardson-Harris-Boatwright I Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		

<b>C.</b> Full Name (Last, First, Middle Initial) William Harrison ., JR Mailing Address PO Box 160517 City State Zip Code San Antonio TX 78280-2717 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> 61026.C53123 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Brown & Brown Insurance Svcs Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Darren Hart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address PO Box 819		<b>Transaction ID:</b> 61127.C53832	
City Gillette	State WY	Amount of Each Receipt this Period 250.00	
Zip Code 82717-0819		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Barlow 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		

<b>B.</b> Full Name (Last, First, Middle Initial) Joleen Hart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address PO Box 819		<b>Transaction ID:</b> 61127.C53831	
City Gillette	State WY	Amount of Each Receipt this Period 250.00	
Zip Code 82717-0819		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Barlow 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Harville		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address P O Box 1128 433 East Center Street		<b>Transaction ID:</b> 61101.C53367	
City Kingsport	State TN	Amount of Each Receipt this Period 250.00	
Zip Code 37662-1128		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Kingsport Development Co	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. William Hawes CPCU</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 2102		Transaction ID: 61101.C53172	
City Tucker	State GA	Amount of Each Receipt this Period 255.00	
Zip Code 30085-2102		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer The Hawes Company	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B. Julie Hearing</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address PO Box 69		Transaction ID: 61127.C53446	
City Olney	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 62450-0069		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Blanks Ins Agcy	Occupation Insurance Agent		
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) <b>C. Dale Heesch</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address PO Box 196		Transaction ID: 61127.C54097	
City Brookings	State SD	Amount of Each Receipt this Period 200.00	
Zip Code 57006-0196		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Santema Insurance Agency	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Robert Hemphins</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 661		<b>Transaction ID: 61026.C53124</b>	
City State Zip Code Denison TX 75021-0661		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Hemphins Insurance		Occupation Founding Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Henry</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 3407 19th St 3407 19th Street (79410)		<b>Transaction ID: 61101.C53339</b>	
City State Zip Code Lubbock TX 79410-1201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Alan Henry Insurance Agency, I		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>C. Charlotte Hicks</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address PO Box 2300		<b>Transaction ID: 61127.C53668</b>	
City State Zip Code Wilmington NC 28402-2300		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Glasgow Hicks Company		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Michael Hill</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 8		Transaction ID: 61101.C53198	
City State Zip Code Jamestown KY 42629-0008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer McKinney & Blair Insurance Age	Occupation Owner/Principal		
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>B. Michael Hilson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 40 West 162nd St		Transaction ID: 61127.C53449	
City State Zip Code S Holland IL 60473	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer G B G Inc	Occupation Insurance Agent		
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) <b>C. William Hooker</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO Box 289		Transaction ID: 61127.C53451	
City State Zip Code Dwight IL 60420-0289	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer William J Hooker Ins	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> 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 32 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Charlie B Hoover, Jr

Mailing Address PO Box 17867

City Raleigh State NC Zip Code 27619-7867

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

Name of Employer Moore & Johnson Agency, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
11 / 10 / 2006

Transaction ID: 61127.C53670

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Douglas Hotchkiss

Mailing Address 16475 Dallas Pkwy

City Addison State TX Zip Code 75001-6834

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 27 / 2006

Transaction ID: 61206.C54109

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dennis Houck

Mailing Address PO Box 825

City West Jefferson State NC Zip Code 28694-0825

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
11 / 10 / 2006

Transaction ID: 61127.C53671

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1020.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Huff Mailing Address 1942 Hwy S. 62/412 City State Zip Code Hardy AR 72542 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53551 Amount of Each Receipt this Period 300.00 Receipt
Name of Employer Occupation Hardy Insurance Agency, Insurance Agent Inc. Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Clinton Ivy Mailing Address PO Box 608 City State Zip Code Albany GA 31702-0608 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53751 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Occupation Fleming Ins Agcy Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Clark Jackson Mailing Address 3452 E Foothill Blvd City State Zip Code Pasadena CA 91107-3167 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53593 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer Occupation Jackson & Jackson, Insura- Insurance Agent nce A Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
George Jenness

Mailing Address PO Box 7337

City State Zip Code  
Rochester NH 03839-7337

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

Name of Employer Jenness & Jenness Agency Inc  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61127.C53611

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ross Johnson

Mailing Address PO Box 4428

City State Zip Code  
Charleston WV 25364

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

Name of Employer Mountain State Insurance Agenc  
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  
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61127.C53878

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Raymond Jones

Mailing Address 1570 Madruga Ave Ste 300

City State Zip Code  
Coral Gables FL 33146-3013

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

Name of Employer Weinstein Jones & Associates  
Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53171

Amount of Each Receipt this Period  
500.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. William Jones, III</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 6243 Yadkin Rd Ste 103		Transaction ID: 61127.C53676	
City State Zip Code Fayetteville NC 28303-2659	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Abacus Insurance Brokers, Inc	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Kapelka</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 441767		Transaction ID: 61026.C53126	
City State Zip Code Houston TX 77244-1767	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Insurance Associates of the So	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>C. Allen Karch</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 905 S Neil, Ste B		Transaction ID: 61127.C53460	
City State Zip Code Champaign IL 61820	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Chaney & Karch Insurance Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Garry Kaufman

Mailing Address PO Box 16767

City State Zip Code  
Galveston TX 77552-6767

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

Name of Employer Occupation  
Jahn-Galveston Ins Agy Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 61101.C53230

Amount of Each Receipt this Period  
300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Nate Kim

Mailing Address PO Box 5599

City State Zip Code  
Boise ID 83705-0599

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

Name of Employer Occupation  
Blaine & Company, Inc. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 61101.C53193

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph Klutz, . Cpcu, JR

Mailing Address PO Box 370

City State Zip Code  
Albemarle NC 28002-0370

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

Name of Employer Occupation  
Albemarle Insurance Agency, In President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61127.C53678

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	560.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Susan Knobeloch

Mailing Address PO Box 11205

City State Zip Code  
Tacoma WA 98411-0205

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

Name of Employer Occupation  
Bratrud Middleton Insurance Br Vice President

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

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2006

Transaction ID: 61127.C53620

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Konen

Mailing Address 2111 Plum St

City State Zip Code  
Aurora IL 60506-3252

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

Name of Employer Occupation  
Konen Insurance Agency Inc Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61127.C53466

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Bill Kornegay

Mailing Address PO Box 939

City State Zip Code  
Burlington NC 27216-0939

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

Name of Employer Occupation  
Somers-Pardue Agency, Inc. Insurance Agent

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

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2006

Transaction ID: 61127.C54082

Amount of Each Receipt this Period  
250.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
John Kreisler

Mailing Address 109 W 1st St

City State Zip Code  
O Fallon IL 62269

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

Name of Employer: Warma Witter Kreisler & Associates  
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  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61101.C53191

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Philip Kuhl

Mailing Address PO Box 66

City State Zip Code  
Morton IL 61550-0066

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

Name of Employer: Kuhl & Co  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53173

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David LHussier

Mailing Address 63 Chelmsford St

City State Zip Code  
Chelmsford MA 01824-3059

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

Name of Employer: LHussier Insurance  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

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

Transaction ID: 61101.C53212

Amount of Each Receipt this Period  
75.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Gary Lance

Mailing Address PO Box 630

City State Zip Code  
Waynesville NC 28786-0630

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

Name of Employer Occupation  
The L. N. Davis Company Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

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

Transaction ID: 61127.C53680

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Randal Lee

Mailing Address PO Box 870

City State Zip Code  
Corpus Christi TX 78403-0870

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

Name of Employer Occupation  
Swantner & Gordon Insurance Agency Managing Partner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

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

Transaction ID: 61101.C53238

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joe Lester

Mailing Address PO Box 40

City State Zip Code  
Tullahoma TN 37388-0040

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

Name of Employer Occupation  
McCord Insurance Agency Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

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

Transaction ID: 61101.C53369

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>310.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Christian Lie

Mailing Address 555 Main Street #320

City State Zip Code  
Racine WI 53403

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

Name of Employer Johnson Insurance Services, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53305

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joe E Lynn

Mailing Address P.O. Box 1000

City State Zip Code  
Bellville TX 77418

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

Name of Employer Lynn Kiecke Lackey Insurance G 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  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53294

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Mackoul

Mailing Address 212 W Park Ave

City State Zip Code  
Long Beach NY 11561-3212

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

Name of Employer Mackoul & Associates Incorporated 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  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61101.C53218

Amount of Each Receipt this Period  
500.00

Receipt

**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 41 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
James Macpherson

Mailing Address 4084 S Mill Site Ave

City State Zip Code  
Boise ID 83716

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

Name of Employer Occupation  
Payen Financial, Boise 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  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61127.C53571

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
T. Gerald Magner

Mailing Address 2360 E Devon Ave Ste 3010

City State Zip Code  
Des Plaines IL 60018-4616

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

Name of Employer Occupation  
Meeker-Magner Co 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  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53174

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 99 S Lake Ave Ste 300

City State Zip Code  
Pasadena CA 91101-2697

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 61127.C53791

Amount of Each Receipt this Period  
250.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
David Mann CIC

Mailing Address PO Box 3320

City Asheville State NC Zip Code 28802-3320

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

Name of Employer R. Stanford Webb Agency, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2006

Transaction ID: 61127.C53686

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Carole Marcinkus CIC

Mailing Address 127 N Walnut St

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 Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 61127.C53573

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Harry Mattei

Mailing Address PO Box 6989

City Mobile State AL Zip Code 36660-0989

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

Name of Employer Thames Batre Mattei Beville & Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 61127.C53555

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Marietta McCain CIC

Mailing Address 332 W Sunset Rd Ste 3

City State Zip Code  
San Antonio TX 78209-1755

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

Name of Employer Luhn-McCain Insurance Agency, 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  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53130

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
T. Gray McCaskill

Mailing Address PO Box 9375

City State Zip Code  
Greensboro NC 27429-0375

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

Name of Employer Senn, Dunn, Marsh & Roland, LL Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61127.C53690

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John McCord

Mailing Address PO Box 40

City State Zip Code  
Tullahoma TN 37388-0040

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

Name of Employer McCord Insurance Agency Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 61101.C53372

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	610.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. David McCredie</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 5454 Gateway Blvd		<b>Transaction ID: 61127.C53580</b>	
City State Zip Code Flint MI 48507-3900	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Piper-McCredie Insurance Agenc	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>B. John McInturff., JR</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address PO Box 1600		<b>Transaction ID: 61101.C53373</b>	
City State Zip Code Greeneville TN 37744-1600	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer McInturff Milligan & Brooks	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>C. David McWhorter</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 2869		<b>Transaction ID: 61026.C53131</b>	
City State Zip Code Longview TX 75606-2869	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Gans & Smith Insurance Agency, Inc.	Occupation V.P./Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> 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 45 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Chris Meinberg

Mailing Address 5010 Perryco Lane

City State Zip Code  
Winston Salem NC 27127

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

Name of Employer Occupation  
The Phoenix Co Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

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

Transaction ID: 61127.C53693

Amount of Each Receipt this Period  
10.00

Receipt

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

Mailing Address PO Box 111

City State Zip Code  
Angola NY 14006-0111

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

Name of Employer Occupation  
ENB Insurance Agency, Inc. CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53285

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
J. David Mims

Mailing Address 1030 Andrews Hwy

City State Zip Code  
Midland TX 79701-3807

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

Name of Employer Occupation  
Mims & Stephens President

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

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

Transaction ID: 61101.C53231

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	460.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Thomas Mollenhauer</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 23 N Lincolnway		<b>Transaction ID: 61127.C53488</b>	
City State Zip Code North Aurora IL 60542-1635		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Pinnacle Insurance Agency, Inc Occupation Vice President		Aggregate Year-to-Date ▼ 1220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kelli Moore</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 8700 Harrisburg Rd		<b>Transaction ID: 61127.C53695</b>	
City State Zip Code Charlotte NC 28215-4400		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer State Auto Insurance Occupation Insurance Agent		Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Terry Morgan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 1601 S Chestnut St		<b>Transaction ID: 61127.C53823</b>	
City State Zip Code Lufkin TX 75901-5705		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Morgan Insurance Agency Occupation President		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. James Mozingo</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 921 S McPherson Church Rd		<b>Transaction ID: 61127.C53696</b>	
City State Zip Code Fayetteville NC 28303-5368	Amount of Each Receipt this Period 1160.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Independent Insurance Group, I	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) <b>B. John Muhlbach ., Cpccu, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 224 Lincoln Way E		<b>Transaction ID: 61127.C53615</b>	
City State Zip Code Massillon OH 44646-8416	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer F.W. Arnold Agency Company	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>C. Irwin Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 180		<b>Transaction ID: 61101.C53279</b>	
City State Zip Code Fort Calhoun NE 68023-0180	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer New Frontier of Fort Calhoun	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1660.00
<b>TOTAL</b> 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 48 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Janet Noteboom

Mailing Address PO Box 430

City State Zip Code  
Winner SD 57580-0430

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

Name of Employer Occupation  
The Insurance Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

Transaction ID: 61127.C53804

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jeff Owyong

Mailing Address PO Box 321

City State Zip Code  
Mc Gehee AR 71654-0321

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

Name of Employer Occupation  
Milner/Owyong Insurance Group Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 61127.C53558

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Bernie Page

Mailing Address PO Box 512

City State Zip Code  
Albany GA 31702-0512

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61101.C53256

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Daniel Pancake

Mailing Address 100 S Wacker Dr

City State Zip Code  
Chicago IL 60606-4006

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

Name of Employer USI Ins Svcs Corp of IL Occupation Sr. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61127.C53494

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Matthew Peace

Mailing Address 11382 Prosperity Farms Rd Ste 123

City State Zip Code  
Palm Beach Gardens FL 33410-3463

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

Name of Employer Atlantic Pacific Insurance, Inc. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2006

Transaction ID: 61127.C53865

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Donald Pierce

Mailing Address 18118 Mack Ave

City State Zip Code  
Grosse Pointe MI 48230-6237

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

Name of Employer Donald K Pierce & Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 61127.C53588

Amount of Each Receipt this Period  
400.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	670.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
B. Rush Powers, .., JR

Mailing Address PO Box 3868

City Bristol State TN Zip Code 37625-3868

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

Name of Employer Burke, Powers & Harty, In-c. Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 61101.C53375

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Luke Praxmarer CPCU

Mailing Address 1699 Wall St Ste 506

City Mt Prospect State IL Zip Code 60056-5787

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

Name of Employer Corkill Ins Agcy Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1510.00

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

Transaction ID: 61127.C53497

Amount of Each Receipt this Period  
110.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Francis Provencher

Mailing Address 530 Rogers St

City Lowell State MA Zip Code 01852-3827

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

Name of Employer Francis E Provencher Insurance 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  
1 1 / 1 3 / 2 0 0 6

Transaction ID: 61127.C53773

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
David Purinai

Mailing Address PO Box 1059

City Rocky Mount State NC Zip Code 27802-1059

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

Name of Employer Mayo, Simmons & Harris Insurance 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 Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53275

Amount of Each Receipt this Period  
 250.00

Receipt

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

Mailing Address PO Box 1059

City Rocky Mount State NC Zip Code 27802-1059

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

Name of Employer Mayo, Simmons & Harris Insurance Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61127.C53705

Amount of Each Receipt this Period  
 10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gregory Query CIC

Mailing Address PO Box 88

City Rochelle State IL Zip Code 61068-0088

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

Name of Employer Query Insurance Agency, 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 Y  
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53175

Amount of Each Receipt this Period  
 500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	760.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Keith Rademacher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 1551 D Plainfield Rd		Transaction ID: 61127.C53448	
City State Zip Code Joliet IL 60435	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation PAR Insurance Services Insurance Agent	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Keith Rademacher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1551 D Plainfield Rd		Transaction ID: 61127.C53499	
City State Zip Code Joliet IL 60435	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation PAR Insurance Services Insurance Agent	Aggregate Year-to-Date ▼ 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> William Rademacher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 313-A Waperville Rd		Transaction ID: 61101.C53177	
City State Zip Code Plainfield IL 60503	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation PAR Insurance Agency, Inc. Producer	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Mitch Rader

Mailing Address PO Box 4608

City State Zip Code  
Sevierville TN 37864-4608

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

Name of Employer Occupation  
Burchfiel-Overbay & Assoc Principle

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 61101.C53376

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
W. Scott Ragland CPCU, CIC

Mailing Address 3838 Oak Lawn Ave Ste 500

City State Zip Code  
Dallas TX 75219-4506

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

Name of Employer Occupation  
Ragland Strother & Lafitte Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53136

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dudley Ray

Mailing Address 1500 Citywest Blvd

City State Zip Code  
Houston TX 77042-2300

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

Name of Employer Occupation  
Swantner & Gordon Insurance Agency President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 61101.C53242

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Richardson

Mailing Address PO Box 9375

City Greensboro State NC Zip Code 27429-0375

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

Name of Employer Senn, Dunn, Marsh & Roland, LL  
Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53276

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Richardson

Mailing Address PO Box 9375

City Greensboro State NC Zip Code 27429-0375

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

Name of Employer Senn, Dunn, Marsh & Roland, LL  
Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2006

Transaction ID: 61127.C53711

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Nathan Riedel

Mailing Address 3246 S Stafford St

City Arlington State VA Zip Code 22206-2013

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

Name of Employer IABBA, Inc.  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 555.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2006

Transaction ID: 61127.C53594

Amount of Each Receipt this Period  
5.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 55 / 87
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Ken Riesch Mailing Address 1581 E Racine Ave City Waukesha State WI Zip Code 53186-6826 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53252 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer: R & R Insurance Services, Inc. Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Roy Riley CPCU,AAI Mailing Address PO Box 427 City Benton State KY Zip Code 42025-0427 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53200 Amount of Each Receipt this Period 250.00 Receipt
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		

<b>C.</b> Full Name (Last, First, Middle Initial) Roy Riley Mailing Address PO Box 427 City Benton State KY Zip Code 42025-0427 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53180 Amount of Each Receipt this Period 250.00 Receipt
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Jack Robbins

Mailing Address PO Box 490

City Cleveland State TN Zip Code 37364-0490

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

Name of Employer Cleveland Risk Management & In Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2006

Transaction ID: 61206.C54103

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Roberts

Mailing Address P O Box 2945

City Yakima State WA Zip Code 98907-2945

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

Name of Employer Argus Insurance, Inc. Occupation General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

Transaction ID: 61101.C53357

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Robinson CIC

Mailing Address PO Box 177

City New Bern State NC Zip Code 28563-0177

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

Name of Employer Robinson & Stith Insurance Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2006

Transaction ID: 61127.C53713

Amount of Each Receipt this Period  
260.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	760.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Samuel Rogers, JR

Mailing Address PO Box 12099

City State Zip Code  
Tallahassee FL 32317-2099

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

Name of Employer: Rogers, Gunter, Vaughn Insurance  
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  
1 1 / 2 1 / 2 0 0 6

**Transaction ID:** 61127.C54065

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Larry Roland

Mailing Address PO Box 9375

City State Zip Code  
Greensboro NC 27429-0375

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

Name of Employer: Senn, Dunn, Marsh & Roland, LL  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

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

**Transaction ID:** 61127.C53714

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Larry Rollings

Mailing Address PO Box 275

City State Zip Code  
Arcola IL 61910-0275

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

Name of Employer: Dimond Brothers Agency  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 61101.C53190

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	760.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Michael Romeo, , SR

Mailing Address 3237 Rte 112 Blg 6

City Medford State NY Zip Code 11763-1424

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

Name of Employer Industrial Coverage Corporation Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2006

Transaction ID: 61127.C53870

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joe Roseland

Mailing Address PO Box 753

City Mission State TX Zip Code 78573-0013

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

Name of Employer Mission Duncan Ins Agcy Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53295

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas Ross

Mailing Address 6725 Wsat Ogden Avenue

City Berwyn State IL Zip Code 60402

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

Name of Employer Ross Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 643.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61127.C53505

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1520.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Robert Salmon ., JR

Mailing Address PO Box 13941  
Research Triangle Park

City Durham State NC Zip Code 27709-3941

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

Name of Employer BB&T/Asura Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 61127.C53715

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joseph Martin Salvatore

Mailing Address 333 Main St

City Great Barrington State MA Zip Code 01230-1813

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

Name of Employer Wheeler & Taylor, Inc. Occupation Vice President/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 61101.C53215

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Douglas Sanford

Mailing Address PO Box 64790

City Lubbock State TX Zip Code 79464-4790

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

Name of Employer Sanford Insurance Agency 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 Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53296

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	360.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
William Satterfield., JR

Mailing Address PO Box 629

City Lewisburg State WV Zip Code 24901-0629

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

Name of Employer Greenbrier Insurance Agency, I Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61101.C53253

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steve Schill

Mailing Address 4650 College Blvd Suite 300

City Overland Park State MO Zip Code 66211-1626

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

Name of Employer Haake Companies Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2006

Transaction ID: 61127.C53768

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles D Schmelzle

Mailing Address 8950 Fontana Del Sol Way Ste 200

City Naples State FL Zip Code 34109-4419

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

Name of Employer Insurance & Risk Management Se Occupation C.O.O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 61127.C53562

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
H Paul Senft., JR

Mailing Address PO Box 157

City State Zip Code  
Haines City FL 33845-0157

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

Name of Employer Occupation  
Townsend-Senft Consulting and President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2006

Transaction ID: 61127.C53596

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Daniel Sergi

Mailing Address 311 Kautz Rd

City State Zip Code  
Saint Charles IL 60174-5304

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

Name of Employer Occupation  
Wine Sergi & Co LLC Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61127.C53513

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Nix Simons

Mailing Address PO Box 107  
406 North Main

City State Zip Code  
Winnsboro TX 75494-0107

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

Name of Employer Occupation  
Simons & Company Insurance Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2006

Transaction ID: 61206.C54114

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	520.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
William P Simons,, III

Mailing Address 910 17th St NW FI 9

City State Zip Code  
Washington DC 20006-2601

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

Name of Employer Occupation  
Rust Insurance Agency President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 61101.C53245

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
William Slapin

Mailing Address 200 Sheffield St Ste 104

City State Zip Code  
Mountainside NJ 07092-2315

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

Name of Employer Occupation  
Slapin-Lieb & Co. Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53280

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lucius Smith

Mailing Address PO Box 2697

City State Zip Code  
Wichita KS 67201

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

Name of Employer Occupation  
FiServ Health Kansas Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 61127.C53769

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
MacKenzie Smith

Mailing Address 500 Forest Ave

City State Zip Code  
Brockton MA 02301-5749

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

Name of Employer Smith, Buckley & Hunt 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  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53097

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
William Snow

Mailing Address 552 S Washington St Ste 111

City State Zip Code  
Naperville IL 60540-6669

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

Name of Employer MIC Ins Brokerage Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

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

Transaction ID: 61127.C53517

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
William Snow

Mailing Address 552 S Washington St Ste 111

City State Zip Code  
Naperville IL 60540-6669

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

Name of Employer MIC Ins Brokerage Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61127.C53577

Amount of Each Receipt this Period  
250.00

Receipt

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Steve Squires

Mailing Address PO Box 259408

City State Zip Code  
Madison WI 53725-9408

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

Name of Employer Occupation  
Hausmann-Johnson Insurance Inc Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53307

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Keith Steere

Mailing Address 4105 Ft Henry Dr #206

City State Zip Code  
Kingsport TN 37663-2250

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

Name of Employer Occupation  
Insurance Services, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: 61101.C53380

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles Stewart

Mailing Address 3438 N Southport Ave

City State Zip Code  
Chicago IL 60657-1420

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

Name of Employer Occupation  
Lakeview Insurance Agency, Inc Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61127.C53519

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	420.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Craig Stover</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address PO Box 190 716 South Madison		<b>Transaction ID:</b> 61026.C53138	
City State Zip Code Madisonville TX 77864-0190	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Stover & Crouch 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. John Stype</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 2340		<b>Transaction ID:</b> 61101.C53286	
City State Zip Code Aquebogue NY 11931-2340	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Neefus-Stype Agency, Inc.	Occupation Partner		
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>C. Michael Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO Box 8152		<b>Transaction ID:</b> 61127.C53521	
City State Zip Code Bartlett IL 60103-8152	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer M L Sullivan Insurance Agency, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> 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 66 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Rick Sutton Mailing Address PO Box 3765 City Peoria State IL Zip Code 61612-3765 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53523 Amount of Each Receipt this Period 20.00 Receipt
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 ▼ 920.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John Tanner Mailing Address PO Box 840 City Union City State TN Zip Code 38281 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53383 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Westan Group, Inc. / Union City Ins Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Milton Ray Tedder ., JR Mailing Address PO Box 11148 City Charlotte State NC Zip Code 28220-1148 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 61101.C53277 Amount of Each Receipt this Period 20.00 Receipt
Name of Employer BB&T - McPhail Bray Insurance Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>290.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Milton Ray Tedder., JR

Mailing Address PO Box 11148

City State Zip Code  
Charlotte NC 28220-1148

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

Name of Employer Occupation  
BB&T - McPhail Bray Insurance Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 10 / 2006

Transaction ID: 61127.C53727

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Timothy Templeton

Mailing Address PO Box 9375

City State Zip Code  
Greensboro NC 27429-0375

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

Name of Employer Occupation  
Senn, Dunn, Marsh & Roland, LL Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 10 / 2006

Transaction ID: 61127.C53728

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Teske

Mailing Address PO Box 2945

City State Zip Code  
Yakima WA 98907-2945

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

Name of Employer Occupation  
Argus Insurance, Inc. Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2006

Transaction ID: 61127.C53621

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Jeff Thomas

Mailing Address PO Box 10309

City State Zip Code  
Goldsboro NC 27532-0309

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

Name of Employer Occupation  
Evans & Associates Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53278

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Craig Thomson

Mailing Address PO Box 599

City State Zip Code  
Franklin LA 70538-0599

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

Name of Employer Occupation  
Hebert & Thomson Insurance Age President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53139

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Thornton

Mailing Address 2521 Cedar Springs Rd

City State Zip Code  
Dallas TX 75201-1466

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

Name of Employer Occupation  
Ben Spurgin Insurance Agency Vice President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53140

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Threlkeld		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO box 445		<b>Transaction ID:</b> 61127.C53525	
City State Zip Code Belleville IL 62222		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer WA Schickedanz Agency		Occupation Regional Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Denise Tillman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
Mailing Address PO Box 1028		<b>Transaction ID:</b> 61127.C53750	
City State Zip Code Rome GA 30162-1028		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Gary Tillman 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 ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) J.T. Tollett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 870		<b>Transaction ID:</b> 61101.C53240	
City State Zip Code Corpus Christi TX 78403-0870		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Swantner & Gordon Insurance Agency		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	470.00
<b>TOTAL</b> 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 70 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
John Toole

Mailing Address PO Box 319

City State Zip Code  
Lee MA 01238-0319

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

Name of Employer L V Toole Insurance Agency Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61101.C53184

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address PO Box 12848

City State Zip Code  
Grand Forks ND 58208-2848

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

Name of Employer Vaaler Insurance, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61026.C53092

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Vaudreuil

Mailing Address 100 Front St Ste 8

City State Zip Code  
Worcester MA 01608-1445

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

Name of Employer The Protector Group Insurance Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 61127.C53778

Amount of Each Receipt this Period  
500.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Fred Viehmann

Mailing Address PO Box 120099

City Nashville State TN Zip Code 37212-0099

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

Name of Employer Security Insurance, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 61101.C53384

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Elaine Wagener

Mailing Address PO Box 725

City Antioch State IL Zip Code 60002

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

Name of Employer Wagener Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 61127.C53530

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Elaine Wagener

Mailing Address PO Box 725

City Antioch State IL Zip Code 60002

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

Name of Employer Wagener Insurance Agency Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61127.C53602

Amount of Each Receipt this Period  
100.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

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

Mailing Address PO Box 2618

City State Zip Code  
Florence SC 29503-2618

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

Name of Employer  
Cormell Streett & Patters-  
on

Occupation  
Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 27 / 2006

Transaction ID: 61206.C54099

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Walsh ., JR

Mailing Address PO Box 4407

City State Zip Code  
Salem MA 01970-6407

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

Name of Employer  
John J Walsh Insurance

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2006

Transaction ID: 61101.C53209

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Van Wyck Webb ., Cic, JR

Mailing Address PO Box 6522

City State Zip Code  
Raleigh NC 27628-6522

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

Name of Employer  
Dupree & Webb, Inc.

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 10 / 2006

Transaction ID: 61127.C53736

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	410.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Edward Weeren</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 14444 300 Highland Center #208(78752)		Transaction ID: 61101.C53234
City Austin State TX Zip Code 78761-4444	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Ed Weeren Insurance 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) <b>B. Helen Wertheim</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 11519		Transaction ID: 61127.C53783
City Albuquerque State NM Zip Code 87192-0519	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Charter Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. William Wetzel</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 550		Transaction ID: 61127.C54091
City Ponca City State OK Zip Code 74602-0550	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Loftis Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> 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 74 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Wheeler

Mailing Address PO Box 519

City State Zip Code  
Sneads Ferry NC 28460

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

Name of Employer SFI Group Inc Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2006

Transaction ID: 61127.C53737

Amount of Each Receipt this Period  
60.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Don Whitaker

Mailing Address 8626 Tesoro Dr

City State Zip Code  
San Antonio TX 78217-6217

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

Name of Employer Whitaker Insurance Associates, Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2006

Transaction ID: 61101.C53344

Amount of Each Receipt this Period  
600.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Bruce White., JR

Mailing Address PO Box 378

City State Zip Code  
Gulf Shores AL 36547-0378

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

Name of Employer Whitehaven Insurance Group, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53170

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) J. Fletcher Willey, JR Mailing Address PO Box 848 City Nags Head State NC Zip Code 27959-0848 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53738 Amount of Each Receipt this Period 5.00 Receipt
Name of Employer: J. Fletcher Willey Agency Inc Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Willey Mailing Address PO Box 848 City Nags Head State NC Zip Code 27959-0848 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53739 Amount of Each Receipt this Period 10.00 Receipt
Name of Employer: J. Fletcher Willey Agency Inc Occupation: Vice President/Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) George Wilson, III Mailing Address PO Box 159 City Whitley City State KY Zip Code 42653-0159 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 61127.C53770 Amount of Each Receipt this Period 150.00 Receipt
Name of Employer: Crabtree-Wilson Insurance Agen Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

**A.** Full Name (Last, First, Middle Initial)  
Robert Wood

Mailing Address PO Box 933

City State Zip Code  
Parsons KS 67357-0933

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

Name of Employer  
Wood-Dulohery Insurance, Inc.

Occupation  
Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61101.C53202

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address PO Box 1678

City State Zip Code  
Battle Creek MI 49016-1678

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

Name of Employer  
Worgess Agency, Inc.

Occupation  
President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61101.C53266

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph Zuber

Mailing Address 24 E Greenway Plz Ste 1300

City State Zip Code  
Houston TX 77046-2414

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

Name of Employer  
Zuber Ins Agcy Inc

Occupation  
President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2006

Transaction ID: 61127.C53618

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	58853.42

**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 77 / 87

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents of America Political Action Committee (INSURPAC)

<p><b>A.</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 CHARGE</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><b>Transaction ID:</b> 61206.E6889 <b>Date of Disbursement</b> 11 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 5.95</p> <p>CREDIT CARD PROCESSING CHARGE</p>
<p><b>B.</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 CHARGE</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><b>Transaction ID:</b> 61206.E6890 <b>Date of Disbursement</b> 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 119.77</p> <p>CREDIT CARD PROCESSING CHARGE</p>
<p><b>C.</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 CHARGE</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><b>Transaction ID:</b> 61206.E6891 <b>Date of Disbursement</b> 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 139.32</p> <p>CREDIT CARD PROCESSING CHARGE</p>

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

265.04

**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 78 / 87

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

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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

Mailing Address 38 Fountain Square Plaza

City Cincinnati State OH Zip Code 45263-

Purpose of Disbursement  
CREDIT CARD PROCESSING CHARGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61206.E6892

Date of Disbursement

11 / 21 / 2006

Amount of Each Disbursement this Period

3.65

CREDIT CARD PROCESSING CHARGE

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

3.65

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

268.69

**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 79 / 87

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Texans for Henry Bonilla</b>		Transaction ID: 61127.E6702 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 211 N Union St Ste 200		Amount of Each Disbursement this Period 2000.00	
City Alexandria State VA Zip Code 22314-2643	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name HENRY BONILLA		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 RUN-OFF	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23			

Full Name (Last, First, Middle Initial) <b>B. Dan Boren for Congress</b>		Transaction ID: 61026.E6692 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 1924		Amount of Each Disbursement this Period 1000.00	
City Muskogee State OK Zip Code 74401-	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name DAVID DANIEL BOREN		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02			

Full Name (Last, First, Middle Initial) <b>C. Cantor For Congress</b>		Transaction ID: 61026.E6688 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 21027		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20009-0527	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name ERIC CANTOR		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 87

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents of America Political Action Committee (INSURPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Karen Carter for U.S. Congress</p>		<p><b>Transaction ID:</b> 61127.E6703 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 51836</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City New Orleans</p>	<p>State LA</p>	<p>Zip Code 70151-1836</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="5000.00"/></p>
<p>Candidate Name</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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 RUN-OFF</p>		
<p>State: LA District: 02</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Chandler for Congress</p>		<p><b>Transaction ID:</b> 61026.E6691 <b>Date of Disbursement</b></p>	
<p>Mailing Address P. O. Box 12678</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City Lexington</p>	<p>State KY</p>	<p>Zip Code 40508-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name BEN CHANDLER</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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL</p>		
<p>State: KY District: 06</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Clay Jr. for Congress</p>		<p><b>Transaction ID:</b> 61026.E6694 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 4544</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>	
<p>City Saint Louis</p>	<p>State MO</p>	<p>Zip Code 63108-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name WILLIAM LACY JR CLAY</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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL</p>		
<p>State: MO District: 01</p>			

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7000.00"/></p>
<p><b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial) <b>A. Cooper for Congress Cmte</b>		Transaction ID: 61026.E6687 Date of Disbursement 10 / 20 / 2006	
Mailing Address P.O. Box 198497		Amount of Each Disbursement this Period 1000.00	
City Nashville State TN Zip Code 37219-8497	Purpose of Disbursement Category/Type		
Candidate Name JAMES H. S. COOPER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL		

Full Name (Last, First, Middle Initial) <b>B. Nathan Deal for Congress</b>		Transaction ID: 61026.E6696 Date of Disbursement 10 / 25 / 2006	
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00	
City Gainesville State GA Zip Code 30503-0902	Purpose of Disbursement Category/Type		
Candidate Name NATHAN DEAL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL		

Full Name (Last, First, Middle Initial) <b>C. Friends of Chris Dodd</b>		Transaction ID: 61127.E6701 Date of Disbursement 11 / 14 / 2006	
Mailing Address 227 Massachusetts Ave NE Ste 101		Amount of Each Disbursement this Period 3000.00	
City Washington State DC Zip Code 20002-4963	Purpose of Disbursement Category/Type		
Candidate Name CHRISTOPHER J DODD			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2010 PRIMARY		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents of America Political Action Committee (INSURPAC)

<p><b>A. Heartland Values PAC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Heartland Values PAC</p> <p>Mailing Address 224 N Phillips Ave Ste 210</p> <p>City Sioux Falls State SD Zip Code 57104-6062</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61127.E6706</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>E2006 PAC TO PAC</p> <p>Category/Type</p>		

<p><b>B. Friends of Carolyn McCarthy</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Friends of Carolyn McCarthy</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement</p> <p>Candidate Name CAROLYN MCCARTHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 04</p>		<p><b>Transaction ID:</b> 61026.E6697</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>E2006 GENERAL</p> <p>Category/Type</p>		

<p><b>C. McCrery for Congress Cmte.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>McCrery for Congress Cmte.</p> <p>Mailing Address P.O. Box 52956</p> <p>City Shreveport State LA Zip Code 71135-</p> <p>Purpose of Disbursement</p> <p>Candidate Name JAMES OTIS III MCCRERY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 04</p>		<p><b>Transaction ID:</b> 61026.E6689</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>E2006 GENERAL</p> <p>Category/Type</p>		

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

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents of America Political Action Committee (INSURPAC)

<p><b>A. MintPAC</b></p> <p>Full Name (Last, First, Middle Initial) MintPAC</p> <p>Mailing Address 101 Constitution Ave NW # 900 West</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: E2006 PAC TO PAC</p>		<p><b>Transaction ID:</b> 61127.E6704</p> <p>Date of Disbursement  <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period  <input type="text"/> 3000.00</p>
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<p><b>B. NELPAC</b></p> <p>Full Name (Last, First, Middle Initial) NELPAC</p> <p>Mailing Address 420 C St NE</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: E2006 PAC TO PAC</p>		<p><b>Transaction ID:</b> 61026.E6686</p> <p>Date of Disbursement  <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period  <input type="text"/> 2500.00</p>
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<p><b>C. NorthStar PAC</b></p> <p>Full Name (Last, First, Middle Initial) NorthStar PAC</p> <p>Mailing Address P.O. Box 4365</p> <p>City Saint Paul State MN Zip Code 55104-</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: E2006 PAC TO PAC</p>		<p><b>Transaction ID:</b> 61127.E6705</p> <p>Date of Disbursement  <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Amount of Each Disbursement this Period  <input type="text"/> 1000.00</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text"/> 6500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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

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NAME OF COMMITTEE (In Full)  
Independent Insurance Agents of America Political Action Committee (INSURPAC)

<b>A. Pryce Project</b> Full Name (Last, First, Middle Initial) Mailing Address 217 3rd St SE City Washington State DC Zip Code 20003-1904 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 PAC TO PAC		<b>Transaction ID: 61026.E6690</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 5000.00
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<b>B. Straight Talk America</b> Full Name (Last, First, Middle Initial) Mailing Address 211 N Union St Ste 200 City Alexandria State VA Zip Code 22314-2643 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 PAC TO PAC		<b>Transaction ID: 61127.E6707</b> Date of Disbursement 11 / 14 / 2006 Amount of Each Disbursement this Period 1000.00
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<b>C. Cmte. to Re-elect Ed Towns</b> Full Name (Last, First, Middle Initial) Mailing Address 438 Lewis Ave City Brooklyn State NY Zip Code 11233-1726 Purpose of Disbursement Candidate Name EDOLPHUS TOWNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ E2006 GENERAL		<b>Transaction ID: 61026.E6693</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 1000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 87

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents of America Political Action Committee (INSURPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends of Roger Wicker

Mailing Address PO Box 874

City State Zip Code  
Tupelo MS 38802-

Purpose of Disbursement

Category/  
Type

Candidate Name  
ROGER F. WICKER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

E2006 GENERAL

Transaction ID: 61101.E6698

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Joe Wilson for Congress

Mailing Address PO Box 5709

City State Zip Code  
Columbia SC 29171-

Purpose of Disbursement

Category/  
Type

Candidate Name  
ADDISON (JOE) GRAVES WILSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

E2006 GENERAL

Transaction ID: 61026.E6695

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

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

1500.00

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

39500.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Independent Insurance Agents of America Political Action Committee (INSURPAC)		FEC IDENTIFICATION NUMBER <b>C</b> C00022343	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee The Buffalo News		Amount 23656.35	
Mailing Address PO Box 100		Transaction ID: 61101.E6699	
City Buffalo	State NY	Zip Code 14240-0100	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential
Purpose of Expenditure		Category/ Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: REYNOLDS, THOMAS M		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		23656.35	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	23656.35
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	23656.35
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Robert A. Rusbuldt Signature	Date M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7

Image# 27930177513

Form/Schedule: **F3XA**

INSURPAC has filed an amended 30 Day Post-General Report in response to the FEC's letter of February 2. In the amended report, INSURPAC has amended Schedule E of its 30 Day Post-General Report to reflect the date of dissemination of the independent expenditure, which was November 1, 2006 (as reported on the 24-Hour Report) instead of October 30, 2006, which was the date of payment as reported in the original Post-General Report.

Transaction ID: **C00022343**

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