

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Electronically Filed by Ken A. Crerar Date 01 19 2011

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Report being amended in response to FEC letter dated December 15, 2010 regarding a receipt (check #0-589) for BancorpSouth Bank PAC for \$2,000 being recorded as; refund for a contribution to a Federal PAC. The transaction was recorded incorrectly and has been changed to a contribution received from a Federal PAC.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		452936.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	439872.88									
(c) Total Receipts (from Line 19) .....	85707.84	447201.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	525580.72	900137.16								
7. Total Disbursements (from Line 31) .....	156692.61	531249.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	368888.11	368888.11								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	71605.34	379834.35
(ii) Unitemized .....	12102.50	54366.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	83707.84	434201.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	85707.84	436201.11
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	11000.00
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)) .....	85707.84	447201.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85707.84	447201.11

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	5186.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	5186.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	154873.60	503632.60
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1819.01	22429.51
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))..	156692.61	531249.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	156692.61	531249.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	85707.84	436201.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85707.84	436201.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	5186.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	5186.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 81  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Gerald J. Sullivan</p> <p>Mailing Address 323 North Mapleton Drive</p> <p>City State Zip Code <b>Los Angeles CA 90077-3540</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SullivanCurtisMonroe Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: 32235080</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) William McKnight</p> <p>Mailing Address 8044 Owen St.</p> <p>City State Zip Code <b>Baton Rouge LA 70809-1632</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Wright &amp; Percy BancorpSouth Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: 32235085</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert A. Martin</p> <p>Mailing Address 4633 Spring Place Meadow Way North</p> <p>City State Zip Code <b>Olive Branch MS 38654</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Lipscomb &amp; Pitts Insurance LLC (HQ) Insurance Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</span></p> <p><b>Transaction ID: 32235297</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 81  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott Sink

Mailing Address 4967 Reynolds Cove

City Birmingham State AL Zip Code 35242-7448

FEC ID number of contributing federal political committee. C

Name of Employer McGriff, Seibels & Williams, Inc./BB&T Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2010

**Transaction ID:** 32240446

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Clay T. Jackson

Mailing Address 5819 Hillsboro Road

City Nashville State TN Zip Code 37215-4601

FEC ID number of contributing federal political committee. C

Name of Employer BB&T - Cooper, Love, Jackson, Thornton Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2010

**Transaction ID:** 32240447

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steve A. Barksdale

Mailing Address 1102 Mill Run Road

City Athens State TX Zip Code 75751-3521

FEC ID number of contributing federal political committee. C

Name of Employer EasTexas Agency/Joe Max Green/Ins.Con/ Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2010

**Transaction ID:** 32311047

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard M. McKinley

Mailing Address 1915 Elmhurst Drive

City State Zip Code  
Germantown TN 38138-2771

FEC ID number of contributing federal political committee. C

Name of Employer  
Lipscomb & Pitts Insurance, LLC (HQ)

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 13 / 2010

**Transaction ID:** 32311057

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. M. Scott McLaughlin

Mailing Address 3750 Floyd Drive

City State Zip Code  
Baton Rouge LA 70808-3717

FEC ID number of contributing federal political committee. C

Name of Employer  
BancorpSouth Insurance Services, Inc.

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 17 / 2010

**Transaction ID:** 32316462

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Craig E. Tabor

Mailing Address 576 Shasta Drive

City State Zip Code  
Encinitas CA 92024-2393

FEC ID number of contributing federal political committee. C

Name of Employer  
Barney & Barney, LLC (HQ)

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 17 / 2010

**Transaction ID:** 32316463

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Steve Thibodeaux		Date of Receipt MM / DD / YYYY 09 / 17 / 2010	
Mailing Address 404 Fairview Pkwy		Transaction ID: 32316465	
City Lafayette	State LA	Zip Code 70508-6336	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wright & Percy Insurance/- BancorpSouth	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**B.**

Full Name (Last, First, Middle Initial) Mr. Natale Calamis		Date of Receipt MM / DD / YYYY 09 / 17 / 2010	
Mailing Address 180 Shadow Brook Drive		Transaction ID: 32316467	
City Warwick	State RI	Zip Code 02886-9556	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Starkweather & Shepley In- s. Brokerage.	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**C.**

Full Name (Last, First, Middle Initial) Trent J. Sandahl		Date of Receipt MM / DD / YYYY 09 / 08 / 2010	
Mailing Address 3926 Bradmore Drive		Transaction ID: 32316481	
City Baton Rouge	State LA	Zip Code 70808-3064	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wright & Percy BancorpSou- th	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Chris Stack

Mailing Address 750 East Lakewood Street

City State Zip Code  
Springfield MO 65810-2421

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

Name of Employer SMI Group (BancorpSouth) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID: 32316485**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel E. Miller

Mailing Address 4245 Pine Park Drive

City State Zip Code  
Baton Rouge LA 70809-2327

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID: 32316486**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry Jolley

Mailing Address 94 Arkavalley Road

City State Zip Code  
Greenbrier AR 72058-9628

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

Name of Employer Ramsey, Krug, Farrell & Lensing, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID: 32316508**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. LaFour

Mailing Address 2038 Surrey Street

City State Zip Code  
Nacogdoches TX 75965-3139

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

Name of Employer: Joe Max Green/Insurance Concepts/Banco  
Occupation: Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 09 / 08 / 2010  
**Transaction ID: 32316509**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William T. Baycroft

Mailing Address 6142 Holly Springs Drive

City State Zip Code  
Houston TX 77057-1135

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

Name of Employer: Joe Max Green/Insurance Concepts/Banco  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 09 / 08 / 2010  
**Transaction ID: 32316510**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfred L. Williams

Mailing Address 2 Forest Heights Drive

City State Zip Code  
Little Rock AR 72207-4342

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

Name of Employer: Ramsey, Krug, Farrell & Lensing, Inc./  
Occupation: Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt: 09 / 08 / 2010  
**Transaction ID: 32316511**  
 Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Sandahl

Mailing Address 10623 Camelot Square

City State Zip Code  
Saint Francisville LA 70775-5223

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** 32316512

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
James W. Sanders

Mailing Address 1652 S. Bristol Court

City State Zip Code  
Springfield MO 65809-2302

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** 32316513

Amount of Each Receipt this Period  
501.00

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

Mailing Address 1617 Montez Dr.

City State Zip Code  
Jonesboro AR 72401-5158

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** 32316514

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1751.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 81  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jerry D. Davis

Mailing Address 6801 Gap Point Cir.

City State Zip Code  
Sherwood AR 72120-3998

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** 32316515

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
John R. Haase

Mailing Address 7929 Hollington Pl.

City State Zip Code  
Fairfax Station VA 22039-3162

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

Name of Employer BB&T - Givens & Williams Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2010

**Transaction ID:** 32319495

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott Naugle

Mailing Address 1302 East 2nd Street

City State Zip Code  
Pass Christian MS 39571

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

Name of Employer Stewart-Sneed-Hewes/BancorpSouth Insur Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2010

**Transaction ID:** 32319520

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Munkholm

Mailing Address 3368 Caminito Luna Nueva

City State Zip Code  
Del Mar CA 92014-3959

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: 32319527

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John D. Niedernhofer

Mailing Address 1118 San Ricardo Court

City State Zip Code  
Solana Beach CA 92075-1608

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: 32319530

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Terry Douglass Moore

Mailing Address 4244 Altamirano Way

City State Zip Code  
San Diego CA 92103-1002

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: 32319532

Amount of Each Receipt this Period

250.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Trindl L. Reeves

Mailing Address 6611 Lavandula Court

City State Zip Code  
San Diego CA 92130-4897

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319533

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marc B. Pannier

Mailing Address 29 Ashford

City State Zip Code  
Irvine CA 92618-3913

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: 32319536

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Williams

Mailing Address 1242 Pine Shadow Lane

City State Zip Code  
Concord CA 94521-4800

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 32319543

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. William T. Buchanan

Mailing Address 526 Camino El Dorado

City State Zip Code  
Encinitas CA 92024-3820

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID: 32319544**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Arlene H. Lieberman

Mailing Address 746 Santa Paula

City State Zip Code  
Solana Beach CA 92075-1526

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID: 32319545**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Trask, Jr.

Mailing Address 1356 Cassins Street

City State Zip Code  
Carlsbad CA 92011-4856

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID: 32319546**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven S. Finden

Mailing Address 579 Hidden Ridge Court

City State Zip Code  
Encinitas CA 92024-5839

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319547

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Hanson

Mailing Address 5514 Caballos Place

City State Zip Code  
San Diego CA 92130-3725

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319548

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4121 Randolph Street

City State Zip Code  
San Diego CA 92103-1342

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319549

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul F. Heidemann

Mailing Address 236 Patty Hills Drive

City State Zip Code  
Solana Beach CA 92075-1230

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319550

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John V. Stock

Mailing Address 50 Guilford Road

City State Zip Code  
Piedmont CA 94611-3805

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319551

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 150 Prospect Avenue

City State Zip Code  
San Anselmo CA 94960-2521

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319552

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd Bennett

Mailing Address 822 San Luis Rey Place

City State Zip Code  
San Diego CA 92109-8249

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319572

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David E. Cannon

Mailing Address 449 Modoc Avenue

City State Zip Code  
Oakland CA 94618-2555

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

Name of Employer Occupation  
Barney & Barney Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319574

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alice A. Campbell

Mailing Address 2468 Montgomery Avenue

City State Zip Code  
Cardiff CA 92007-2106

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319575

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark D. Nash

Mailing Address 4260 Randolph Street

City State Zip Code  
San Diego CA 92103-1347

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319576

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Diana L. Twadell

Mailing Address 2522 Clairemont Drive  
Apartment 204

City State Zip Code  
San Diego CA 92117-6619

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319577

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Travis Trask

Mailing Address 6588 Coneflower Drive

City State Zip Code  
Carlsbad CA 92011-2514

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

Name of Employer Occupation  
Barney & Barney, LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 32319578

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. Mirsky  
 Mailing Address 150 Prospect Avenue  
 City State Zip Code  
 San Anselmo CA 94960-2521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barney & Barney Insurance Broker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2010  
**Transaction ID:** 32319579  
 Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John (Jack) D. Galloway  
 Mailing Address 371 Hillcrest Drive  
 City State Zip Code  
 Encinitas CA 92024-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barney & Barney, LLC (HQ) Insurance Broker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2010  
**Transaction ID:** 32319580  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeremy B. Anderson  
 Mailing Address 8301 Torrey Park Ter  
 City State Zip Code  
 San Diego CA 92129-4623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barney & Barney, LLC (HQ) Insurance Broker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2010  
**Transaction ID:** 32319581  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 81  
(check only one)

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

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

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

Mailing Address 2531 Corte Facil

City Pleasanton State CA Zip Code 94566-5866

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

Name of Employer Barney & Barney Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319583

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike Milligan

Mailing Address 14161 Recuerdo Drive

City Del Mar State CA Zip Code 92014-2953

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

Name of Employer Barney & Barney, LLC (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319584

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan M. Archey

Mailing Address 2473 Monroe Avenue

City Memphis State TN Zip Code 38112-4313

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

Name of Employer Lipscomb & Pitts Insurance, LLC (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319586

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Shay Roberson

Mailing Address 4141 Sequoia Rd.

City State Zip Code  
Memphis TN 38117-1635

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

Name of Employer Occupation  
Lipscomb & Pitts Insurance Broker  
e. LLC (HQ)

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: 32319587

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael D. Agnoni

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: 32319588

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street  
Suite 600

City State Zip Code  
Cleveland OH 44114-1737

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 960.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: 32319589

Amount of Each Receipt this Period

200.00

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

480.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City State Zip Code  
Hudson OH 44236-3780

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.04

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319590

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey J. Schwab

Mailing Address 1360 E 9th Street Suite 600

City State Zip Code  
CLEVELAND OH 44114-1737

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319611

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melissa Robinson

Mailing Address 4024 West 157th Street

City State Zip Code  
Cleveland OH 44135-1232

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

Name of Employer Occupation  
Oswald Companies (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32319617

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Daniel Peed

Mailing Address 15002 Granite Shoals Court

City State Zip Code  
Cypress TX 77429-1894

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

Name of Employer Occupation  
AmRisc (BB&T) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

Transaction ID: 32319620

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald B. Giadrosich

Mailing Address 2324 Longleaf Way

City State Zip Code  
Birmingham AL 35243-2934

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

Name of Employer Occupation  
McGriff, Seibels & Williams, Inc./BB&T Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

Transaction ID: 32319622

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles M. Caswell

Mailing Address 1340 Garrick Way

City State Zip Code  
Marietta GA 30068-2168

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

Name of Employer Occupation  
Pritchard & Jerden, Inc. (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

Transaction ID: 32319623

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James Bailey

Mailing Address 4522 Mystique Way

City Roswell State GA Zip Code 30075-2087

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

Name of Employer Pritchard & Jerden, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2010

Transaction ID: 32319625

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John B. Sneed

Mailing Address 141 Bayou Circle

City Gulfport State MS Zip Code 39507-4623

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

Name of Employer Stewart-Sneed-Hewes/BancorpSouth Insur Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2010

Transaction ID: 32319634

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald R. Lensing

Mailing Address 8315 Cantrell Avenue Suite 300

City Little Rock State AR Zip Code 72227-2423

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

Name of Employer Ramsey, Krug, Farrell & Lensing, Inc./ Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2010

Transaction ID: 32319637

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Sandahl

Mailing Address 10623 Camelot Square

City State Zip Code  
Saint Francisville LA 70775-5223

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** 32319640

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Fuller

Mailing Address 36 Cascade Cove

City State Zip Code  
Petal MS 39465-5805

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

Name of Employer Stewart-Sneed-Hewes/BancorpSouth Insur Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** 32319641

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jim E. Brashier, Jr.

Mailing Address 12461 Preservation Dr.

City State Zip Code  
Gulfport MS 39503-7062

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

Name of Employer BancorpSouth Insurance Services, Inc. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** 32319643

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joe Max Green

Mailing Address 8 Austin Hollow Circle

City State Zip Code  
Nacogdoches TX 75965-2955

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

Name of Employer: Joe Max Green/Insurance Concepts/Banco  
Occupation: Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 09 / 14 / 2010  
**Transaction ID: 32319751**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. H. William Bohstedt

Mailing Address 26881 West Taylor Road

City State Zip Code  
Barrington IL 60010-2733

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

Name of Employer: Arthur J. Gallagher & Co. (HQ)  
Occupation: Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 09 / 14 / 2010  
**Transaction ID: 32319754**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jim O'Connell

Mailing Address 7287 Dancy Road

City State Zip Code  
San Diego CA 92126-5144

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

Name of Employer: Barney & Barney, LLC (HQ)  
Occupation: Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 09 / 14 / 2010  
**Transaction ID: 32319767**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Catherine Botello

Mailing Address 10382 Rue Chamberry

City San Diego State CA Zip Code 92131-2212

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

Name of Employer Barney & Barney, LLC (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2010

Transaction ID: 32319775

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark L. Stokes

Mailing Address 901 North 190th Street

City Elkhorn State NE Zip Code 68022-2938

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

Name of Employer Grace-Mayer Insurance Agency, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2010

Transaction ID: 32319795

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark J. Ruggles

Mailing Address 3790 Greenhill Road

City Pasadena State CA Zip Code 91107-2230

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

Name of Employer BB&T-Tanner Insurance Services Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2010

Transaction ID: 32320251

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. L. Wayne Tisdale

Mailing Address 9161 Ridge Rd.

City State Zip Code  
Gulfport MS 39503-6120

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

Name of Employer Occupation  
Stewart-Sneed-Hewes/Banco- Insurance Broker  
rpSouth Insur

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2010

**Transaction ID:** 32320255

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David M. Massey

Mailing Address 1308 Glengoyne Place

City State Zip Code  
Nashville TN 37220-2352

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

Name of Employer Occupation  
First Horizon Insurance Insurance Broker  
(HQ)

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2010

**Transaction ID:** 32321435

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marshall T. Polk, III

Mailing Address P.O. Box 90148

City State Zip Code  
Nashville TN 37209-0148

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

Name of Employer Occupation  
First Horizon Insurance Insurance Broker  
(HQ)

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2010

**Transaction ID:** 32321437

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen A. Benson

Mailing Address 5110 Annesway Drive

City State Zip Code  
Nashville TN 37205-2711

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

Name of Employer Occupation  
First Horizon Insurance Insurance Broker  
(HQ)

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2010

**Transaction ID:** 32321440

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Lambert, III

Mailing Address 3255 Carl Morgan Road

City State Zip Code  
Moody AL 35004-2648

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

Name of Employer Occupation  
McGriff, Seibels & Williams, Inc./BB&T Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2010

**Transaction ID:** 32321444

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark N. Coleman

Mailing Address 753 Glacier Pass

City State Zip Code  
Westerville OH 43081-1294

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

Name of Employer Occupation  
Dawson Companies, Columbus Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 32332857

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A. Voight, Jr.

Mailing Address 3414 Galloway Road

City State Zip Code  
Sandusky OH 44870-6017

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

Name of Employer Occupation  
Dawson Companies, Sandusky Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332858

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James F. Harmon

Mailing Address 3395 Lawton Ln.

City State Zip Code  
Pepper Pike OH 44124-5604

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

Name of Employer Occupation  
Dawson Companies (HQ) Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332859

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Kmetz

Mailing Address 28387 Center Ridge Road

City State Zip Code  
Westlake OH 44145-3869

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

Name of Employer Occupation  
Dawson Companies (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332860

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary E. Roadruck

Mailing Address 2752 Rapids Way

City Akron State OH Zip Code 44312-5964

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

Name of Employer Dawson Companies, Canton Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
**Transaction ID: 32332861**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. D. Michael Kelly

Mailing Address 28 South Hampton Parkway

City Rocky River State OH Zip Code 44116-2387

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
**Transaction ID: 32332862**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank Middelberg

Mailing Address 593 Shallow Creek Circle

City Northfield State OH Zip Code 44067-3058

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
**Transaction ID: 32332863**  
 Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 81  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William Beal, Jr.

Mailing Address 5494 Carriage Lane

City State Zip Code  
Medina OH 44256-6517

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 32332864

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Louis A. Colagrossi

Mailing Address 12233 Moss Point Road

City State Zip Code  
Strongsville OH 44136-3505

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 32332865

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Winterich

Mailing Address 30910 Walden Drive

City State Zip Code  
Westlake OH 44145-6815

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 32332866

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 81

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Brian P. Pittner

Mailing Address 20611 Woodstock Avenue

City State Zip Code  
Cleveland OH 44126-1440

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

Name of Employer Occupation  
Dawson Companies (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332887

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Frances K. Wesley

Mailing Address 323 Regatta Drive

City State Zip Code  
Avon Lake OH 44012-2907

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

Name of Employer Occupation  
Dawson Companies (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332888

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert A. Grevey

Mailing Address 30938 Walden Drive

City State Zip Code  
Westlake OH 44145-6815

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

Name of Employer Occupation  
Dawson Companies (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32332889

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan Bartuccio

Mailing Address 20478 Brookstone Trl.

City Middleburg Heights State OH Zip Code 44130-2403

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

Name of Employer Dawson Companies (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: 32332890  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Summers

Mailing Address 22 Waterford Muse

City Nacogdoches State TX Zip Code 75965-8718

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

Name of Employer Joe Max Green/Insurance Concepts/Banco Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: 32334140  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Cooke

Mailing Address 3607 W. 128th St.

City Cleveland State OH Zip Code 44111-4506

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

Name of Employer Dawson Companies Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: 32334141  
Amount of Each Receipt this Period 300.00

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter Michael Coen

Mailing Address 6 Lauren Lane

City State Zip Code  
Bayville NY 11709-1309

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

Name of Employer Corporate Synergies Group, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID: 32334148**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 149 Signal Road

City State Zip Code  
Drexel Hill PA 19026-4931

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

Name of Employer Corporate Synergies Group Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID: 32334150**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 712 Riverton Road

City State Zip Code  
Moorestown NJ 08057-1919

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

Name of Employer Corporate Synergies Group, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID: 32334155**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 81  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Carey

Mailing Address 10714 Pot Spring Road

City State Zip Code  
Cockeysville MD 21030-3021

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

Name of Employer Occupation  
RCM&D, Inc. (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334583

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ross Dangel

Mailing Address 1063 Harbor Ct.

City State Zip Code  
Eldersburg MD 21784-8910

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

Name of Employer Occupation  
RCM&D, Inc. Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334588

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Douglas C. Hale

Mailing Address 3554 Conchita Drive

City State Zip Code  
Ellicott City MD 21042-1102

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

Name of Employer Occupation  
RCM&D, Inc. (HQ) Insurance broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334596

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 81

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. P. Allen Haney

Mailing Address 8308 Kerry Road

City State Zip Code  
Chevy Chase MD 20815-4806

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

Name of Employer Occupation  
RCM&D, Inc. Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334597

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph Payne Hindsley

Mailing Address 1 Wendover Rd

City State Zip Code  
Baltimore MD 21218-1833

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

Name of Employer Occupation  
RCM&D, Inc. (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334599

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William H. Kable, Jr.

Mailing Address 307 Stable View Ct.

City State Zip Code  
Parkton MD 21120-9699

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

Name of Employer Occupation  
RCM&D, Inc. (HQ) Insurance Broker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 32334602

Amount of Each Receipt this Period

300.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara L. Labuskes  
 Mailing Address 577 Henderson Road  
 City State Zip Code  
Bel Air MD 21014-2540  
 Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010  
**Transaction ID:** 32334603  
 Amount of Each Receipt this Period  
500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John L. McElroy, III  
 Mailing Address 6007 Three Chopt Road  
 City State Zip Code  
Richmond VA 23226-2729  
 Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010  
**Transaction ID:** 32334608  
 Amount of Each Receipt this Period  
300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Albert H. Michaels, Jr.  
 Mailing Address 2 Kilglass Court, Apt. 204  
 City State Zip Code  
Timonium MD 21093-1851  
 Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010  
**Transaction ID:** 32334611  
 Amount of Each Receipt this Period  
300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 42 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry L. Purvis

Mailing Address 919 Army Road

City State Zip Code  
Towson MD 21204-6704

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 23 / 2010  
Transaction ID: 32334623  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth M Runne

Mailing Address 3104 East Berlin Road

City State Zip Code  
East Berlin PA 17316-9536

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010  
Transaction ID: 32334625  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. LeAnn Tobin

Mailing Address 6301 Bellona Ave.

City State Zip Code  
Baltimore MD 21212-2403

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010  
Transaction ID: 32334669  
Amount of Each Receipt this Period: 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy O. Wiechers

Mailing Address 5468 River Forest Road

City State Zip Code  
Dublin OH 43017-8691

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

Name of Employer RCM&D, Inc. (HQ) Occupation Insurance broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

**Transaction ID:** 32334673

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew D. Bevins

Mailing Address 8772 Fawn Ridge Drive

City State Zip Code  
Fort Myers FL 33912-1479

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

Name of Employer Dawson Companies, Cape Coral Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** 32334730

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7701 Finbarr Ct.

City State Zip Code  
Dublin OH 43017-2645

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

Name of Employer Dawson Companies, Columbus Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** 32334737

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City State Zip Code  
Rexburg ID 83440-5092

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

Name of Employer Archibald Insurance Center (Leavitt) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 32369154

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William Barlocker

Mailing Address 308 West Jordan

City State Zip Code  
Clovis CA 93611-7181

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

Name of Employer Barlocker Insurance Services (Leavitt) Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 32369155

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City State Zip Code  
Colorado Springs CO 80918-1570

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

Name of Employer CIA-Leavitt Insurance Agency, Inc. Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 32369159

Amount of Each Receipt this Period

50.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address P.O. Box 663

City State Zip Code  
Diablo CA 94528-0663

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

Name of Employer James C. Jenkins Insurance Service, In Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** 32369180

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City State Zip Code  
Fairfield CA 94534-7855

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

Name of Employer James C. Jenkins Insurance Service, In Occupation Insurance Broker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** 32369182

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code  
Rocklin CA 95677-1518

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

Name of Employer James C. Jenkins Insurance Service, In Occupation Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** 32369183

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code  
Cedar City UT 84720-2822

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

Name of Employer Occupation  
Leavitt Group (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID: 32369199**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Kenney

Mailing Address 306 South 800 West

City State Zip Code  
Cedar City UT 84720-3037

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

Name of Employer Occupation  
Leavitt Group (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID: 32369210**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dane O. Leavitt

Mailing Address PO Box 130

City State Zip Code  
Cedar City UT 84721-0130

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

Name of Employer Occupation  
The Leavitt Group (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 03 / 2010

**Transaction ID: 32369211**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code  
Las Vegas NV 89117-2018

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

Name of Employer Occupation  
Leavitt Group (HQ), The Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** 32369213

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City State Zip Code  
Hatch NM 87937-9707

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

Name of Employer Occupation  
Leavitt Group Southwest, Inc. Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** 32369226

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City State Zip Code  
San Jose CA 95139-1141

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

Name of Employer Occupation  
Leavitt Pacific Insurance Brokers Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** 32369237

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2652 Hill Road East

City State Zip Code  
Lakeport CA 95453-6302

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

Name of Employer Occupation  
Lincoln-Leavitt Insurance Insurance Broker  
Agency, Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2010

**Transaction ID:** 32369239

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James P. Bayne

Mailing Address 750 B Street  
Suite 2400

City State Zip Code  
San Diego CA 92101-8114

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

Name of Employer Occupation  
BB&T - John Burnham Insurance Insurance Broker  
Services

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** 32377117

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2920 Canterbury Rd.

City State Zip Code  
Mountain Brook AL 35223-1204

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

Name of Employer Occupation  
McGriff, Seibels & Williams, Inc./BB&T Insurance Broker

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** 32377119

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 81  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Rusty Chambers

Mailing Address 300 Ashford Cove

City Jonesboro State AR Zip Code 72404-9562

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

Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 15 / 2010  
**Transaction ID: 32431747**  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440-5092

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

Name of Employer Archibald Insurance Center (Leavitt) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID: 32432445**  
Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Barlocker

Mailing Address 308 West Jordan

City Clovis State CA Zip Code 93611-7181

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

Name of Employer Barlocker Insurance Services (Leavitt) Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID: 32432446**  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City State Zip Code  
Colorado Springs CO 80918-1570

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

Name of Employer  
CIA-Leavitt Insurance Agency, Inc.

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: 32432451

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Connell

Mailing Address P.O. Box 663

City State Zip Code  
Diablo CA 94528-0663

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

Name of Employer  
James C. Jenkins Insurance Service, In

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: 32432472

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City State Zip Code  
Fairfield CA 94534-7855

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

Name of Employer  
James C. Jenkins Insurance Service, In

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: 32432474

Amount of Each Receipt this Period

20.00

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

120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 81  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code  
Rocklin CA 95677-1518

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

Name of Employer James C. Jenkins Insurance Service, Inc  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 32432475

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code  
Cedar City UT 84720-2822

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

Name of Employer Leavitt Group (HQ), The  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 32432490

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Kenney

Mailing Address 306 South 800 West

City State Zip Code  
Cedar City UT 84720-3037

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

Name of Employer Leavitt Group (HQ), The  
Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 32432506

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dane O. Leavitt

Mailing Address PO Box 130

City State Zip Code  
Cedar City UT 84721-0130

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

Name of Employer Occupation  
The Leavitt Group (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 32432507

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code  
Las Vegas NV 89117-2018

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

Name of Employer Occupation  
Leavitt Group (HQ), The Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 32432510

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City State Zip Code  
Hatch NM 87937-9707

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

Name of Employer Occupation  
Leavitt Group Southwest, Inc. Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 32432526

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Leavitt Pacific Insurance  
Brokers

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 32432534

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City

Lakeport

State

CA

Zip Code

95453-6302

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Lincoln-Leavitt Insurance  
Agency, Inc.

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 32432537

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Curran

Mailing Address 4 Ole Musket Road

City

Scarborough

State

ME

Zip Code

04074-9397

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Hub International Limited  
(HQ)

Occupation  
Insurance Broker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: 32455421

Amount of Each Receipt this Period

250.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 81

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Inberg

Mailing Address 2187 SW Harbor Place

City State Zip Code  
Portland OR 97201-8022

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

Name of Employer  
McGriff, Seibels & Williams Inc./BB&T

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: 32455423

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Winfield M. Hopkins

Mailing Address 1000 S. Catalina Avenue  
No. 101

City State Zip Code  
Redondo Beach CA 90277-4761

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

Name of Employer  
CRC Insurance Services, Inc./BB&T

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: 32455425

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles B. Southern

Mailing Address 9825 Waterbary Drive

City State Zip Code  
Saint Louis MO 63124-1045

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

Name of Employer  
McGriff, Seibels & Williams Inc./BB&T

Occupation  
Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: 32455427

Amount of Each Receipt this Period

200.00

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

1450.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Geoff Isaac

Mailing Address 2715 Crabtree Lane

City State Zip Code  
Northbrook IL 60062-3412

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

Name of Employer Occupation  
Plexus Groupe LLC (HQ), Insurance Broker  
The

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 32455432

Amount of Each Receipt this Period  
26.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City State Zip Code  
Riverwoods IL 60015-1722

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

Name of Employer Occupation  
The Plexus Groupe LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.06

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 32455434

Amount of Each Receipt this Period  
83.34

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glenn D. Morrison

Mailing Address 1015 Gaslight Drive

City State Zip Code  
Algonquin IL 60102-3213

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

Name of Employer Occupation  
The Plexus Groupe LLC (HQ) Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 32455436

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 56 / 81	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Weldon Corbett		Date of Receipt	
	Mailing Address 206 Pine Willow Ct.		M M / D D / Y Y Y Y 09 / 29 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32456176
	Friendswood	TX	77546-4467	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer McGriff, Seibels & Williams of Texas.		Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	71605.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 81  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
BancorpSouth Bank PAC

Mailing Address P.O. Box 789

City State Zip Code  
Tupelo MS 38802-0789

FEC ID number of contributing federal political committee. **C** C00183962

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

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

Transaction ID: 32875781

Amount of Each Receipt this Period  
2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Michael Bennet

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

Transaction ID: 32224478  
Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

1919.20

B.

Full Name (Last, First, Middle Initial)  
Nebraska Leadership PAC

Mailing Address 426 C Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Nebraska Leadership PAC

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

Transaction ID: 32234861  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
Bean-PAC

Mailing Address 235 Massachusetts Avenue NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Bean-PAC

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

Transaction ID: 32234867  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

9419.20

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Stivers For Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32311075 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield Street #264 <hr/> City Wheat Ridge State CO Zip Code 80033 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Edwin Perlmutter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32311076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee <hr/> Mailing Address PO Box 360 120 West Second Street North <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32311080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Latham for Congress

Transaction ID: 32311081  
Date of Disbursement

Mailing Address P.O. Box 117

/   /

City State Zip Code  
Orange City IA 51041

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name  
Tom Latham

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District: 05

B.

Full Name (Last, First, Middle Initial)  
Jim Himes For Congress

Transaction ID: 32311086  
Date of Disbursement

Mailing Address 857 Post Road, #312

/   /

City State Zip Code  
Fairfield CT 06824

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name  
Mr. Jim Himes

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CT District: 04

C.

Full Name (Last, First, Middle Initial)  
Moran For Kansas

Transaction ID: 32311088  
Date of Disbursement

Mailing Address PO Box 1151

/   /

City State Zip Code  
Hays KS 67601

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name  
Mr. Jerry Moran

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Fincher For Congress</p> <p>Mailing Address PO Box 11153</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Steve Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08</p>	<p><b>Transaction ID:</b> 32316011 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	1	0													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boehner for Speaker Committee</p> <p>Mailing Address 631-B Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Boehner for Speaker Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 32316012 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	1	0													
5000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 60 Madison Ave Suite 1201</p> <p>City New York City State NY Zip Code 10010</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Charles Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p><b>Transaction ID:</b> 32316013 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	7		2	0	1	0													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">8500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Scott Brown

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MA District:

Transaction ID: 32316014  
Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Turner

Mailing Address 120 W. Second Street, Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael R. Turner

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: OH District: 03

Transaction ID: 32316015  
Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Bill Foster

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IL District: 14

Transaction ID: 32316016  
Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: 32316018 Date of Disbursement 09 / 17 / 2010
	Mailing Address P.O. Box 71955	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30007	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Johnny Isakson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 32316019 Date of Disbursement 09 / 17 / 2010
	Mailing Address 2800 Shirlington Road Suite 405	Amount of Each Disbursement this Period 1000.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Judy Biggert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 32316020 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO Box 3068	Amount of Each Disbursement this Period 4000.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa L. Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bill Cassidy For Congress</p> <p>Mailing Address 8550 United Plaza Blvd. Suite 1001</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. William Cassidy, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06</p>	<p><b>Transaction ID:</b> 32316021 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden</p> <p>Mailing Address 18 North Second Street, Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17</p>	<p><b>Transaction ID:</b> 32316023 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">3454.40</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mckinley For Congress</p> <p>Mailing Address 32 20th Street</p> <p>City Wheeling State WV Zip Code 26003</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. David McKinley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01</p>	<p><b>Transaction ID:</b> 32316024 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**5454.40**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Crawford For Congress</p> <p>Mailing Address PO Box 16956</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Eric Crawford</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316025 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Duffy For Congress</p> <p>Mailing Address PO Box 186</p> <p>City Ashland State WI Zip Code 54806</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Sean Duffy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316026 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Benishek For Congress</p> <p>Mailing Address 802 Pentoga Trail</p> <p>City Crystal Falls State MI Zip Code 49920</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Daniel Benishek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32316027 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bucshon For Congress	Transaction ID: 32316028 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO Box 250	Amount of Each Disbursement this Period 1000.00
	City Newburgh State IN Zip Code 47629	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Larry Bucshon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chris Coons For Delaware	Transaction ID: 32316029 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO Box 9900	Amount of Each Disbursement this Period 2000.00
	City Newark State DE Zip Code 19714	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Christopher Coons	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Carney For Congress	Transaction ID: 32316030 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO Box 2162	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. John Carney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Iott For Congress 2010</p> <p>Mailing Address 5245 Keener</p> <p>City Monclova State OH Zip Code 43542</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Richard Iott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 09</p>	<p><b>Transaction ID:</b> 32316031 <b>Date of Disbursement</b> 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Sam Johnson</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Samuel Robert Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 03</p>	<p><b>Transaction ID:</b> 32347575 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 12</p>	<p><b>Transaction ID:</b> 32347578 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

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

**8500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. James Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32347579</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steve Fincher For Congress</p> <p>Mailing Address PO Box 11153</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Steve Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32347580</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan For Congress</p> <p>Mailing Address 50 S. Providence Road PO Box 308</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Patrick Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32347582</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">7000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </span>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Minnick For Congress	Transaction ID: 32347583 Date of Disbursement 09 / 28 / 2010
	Mailing Address 8150 West Emerald, Ste. 170	Amount of Each Disbursement this Period 2500.00
	City Boise State ID Zip Code 83704	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Walter Clifford Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 32347586 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 521048	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. James Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Raese For Senate Committee	Transaction ID: 32347588 Date of Disbursement 09 / 29 / 2010
	Mailing Address PO Box 262	Amount of Each Disbursement this Period 5000.00
	City Morgantown State WV Zip Code 26507	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. John Raese	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lewis For Congress Committee</p> <p>Mailing Address PO Box 247</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Jerry Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 41</p>	<p><b>Transaction ID:</b> 32347592 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 02</p>	<p><b>Transaction ID:</b> 32347594 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Timothy Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 01</p>	<p><b>Transaction ID:</b> 32347598 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**4500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Friends Of Frank Guinta

Transaction ID: 32347600  
Date of Disbursement

Mailing Address P.O. Box 877

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

City Manchester State NH Zip Code 03105

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Mr. Frank Guinta

Office Sought:  House  Senate  President  
State: NH District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Ken Calvert For Congress Committee

Transaction ID: 32347601  
Date of Disbursement

Mailing Address PO Box 20123

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

City Riverside State CA Zip Code 92516

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

2000.00
---------

Candidate Name  
Rep. Ken Calvert

Office Sought:  House  Senate  President  
State: CA District: 44  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

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

Transaction ID: 32347602  
Date of Disbursement

Mailing Address 438 East Main St  
PO Box 7092

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

City Tupelo State MS Zip Code 38802

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
Mr. Patrick Nunnelee

Office Sought:  House  Senate  President  
State: MS District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

8000.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 2 <hr/> City Chatham State VA Zip Code 24531 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Robert Hurt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Debt	Transaction ID: 32347605 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress <hr/> Mailing Address PO Box 350 <hr/> City Jamestown State TN Zip Code 38556 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lincoln Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32347608 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00 <hr/> 011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Frank Kratovil For Congress <hr/> Mailing Address 222 Main Sail Drive PO Box 518 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank M. Kratovil, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32347609 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type

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

11000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hastings For Congress</p> <p>Mailing Address P.O. Box 100277</p> <p>City Ft. Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Alcee L. Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23</p>	<p><b>Transaction ID:</b> 32347615 <b>Date of Disbursement</b> 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike McMahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13</p>	<p><b>Transaction ID:</b> 32347616 <b>Date of Disbursement</b> 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BRIDGE PAC</p> <p>Mailing Address 499 SOUTH CAPITOL ST, SW SUITE 422</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 32347619 <b>Date of Disbursement</b> 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Cicilline Committee

Transaction ID: 32347621  
Date of Disbursement

Mailing Address 102 Waterman St, Suite 2

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Providence State RI Zip Code 02906

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
Mr. David Cicilline

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: RI District: 01

B.

Full Name (Last, First, Middle Initial)  
Gillibrand For Senate

Transaction ID: 32347622  
Date of Disbursement

Mailing Address 236 Massachusetts Ave Suite 110

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Ms. Kirsten Gillibrand

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: NY District: 02

C.

Full Name (Last, First, Middle Initial)  
Empire PAC

Transaction ID: 32347624  
Date of Disbursement

Mailing Address P.O. Box 15033

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1500.00
---------

Candidate Name

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

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

7500.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressional Trust 2010</p> <p>Mailing Address 228 S. Washington St. Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 32347626 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">15000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0	15000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													
15000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 11</p>	<p><b>Transaction ID:</b> 32347630 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													
2000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Aaron Jon Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 18</p>	<p><b>Transaction ID:</b> 32347632 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													
1000.00																						

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

**18000.00**

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

.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

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

Transaction ID: 32347633  
Date of Disbursement

Mailing Address P.O. Box 261060

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City State Zip Code  
Los Angeles CA 90026

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Rep. Xavier Becerra

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CA District: 31

B.

Full Name (Last, First, Middle Initial)  
Friends of Jack Kingston

Transaction ID: 32347635  
Date of Disbursement

Mailing Address 7360 Skidaway Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City State Zip Code  
Savannah GA 31406

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Jack Kingston

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: GA District: 01

C.

Full Name (Last, First, Middle Initial)  
Blumenthal For Senate

Transaction ID: 32347636  
Date of Disbursement

Mailing Address 777 Summer Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City State Zip Code  
Stamford CT 06901

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
Mr. Richard Blumenthal

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

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

3000.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota	Transaction ID: 32347637 Date of Disbursement 09 / 28 / 2010
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 1000.00
	City State Zip Code Sioux Falls SD 57101	
	Purpose of Disbursement Candidate Name Rep. Stephanie Herseth Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Canseco For Congress	Transaction ID: 32347638 Date of Disbursement 09 / 28 / 2010
	Mailing Address 10004 Wurzbach Road #366	Amount of Each Disbursement this Period 1000.00
	City State Zip Code San Antonio TX 78230	
	Purpose of Disbursement Candidate Name Mr. Francisco Canseco Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Toomey For Senate Committee	Transaction ID: 32347644 Date of Disbursement 09 / 28 / 2010
	Mailing Address 2720 Jordan Road	Amount of Each Disbursement this Period 1500.00
	City State Zip Code Orefield PA 18069	
	Purpose of Disbursement Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 81

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Christopher Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32347647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) The Senate Victory Fund <hr/> Mailing Address 228 South Washington Street Suite B-20 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name The Senate Victory Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32347649 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Palazzo For Congress <hr/> Mailing Address 13155 Highway 67 Suite B <hr/> City Biloxi State MS Zip Code 39532 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Steven Palazzo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32347650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 81

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dold For Congress

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Robert Dold

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: 32354519

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

154873.60

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wired For Change</p> <p>Mailing Address 1700 Connecticut Avenue, NW Suite 403</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 32240654 <b>Date of Disbursement:</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PayPal, Inc.</p> <p>Mailing Address 4100 Solutions Center, #774100</p> <p>City Chicago State IL Zip Code 60677-4001</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 32420080 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 540.71</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Authorize.Net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 32420083 <b>Date of Disbursement:</b> 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 45.80</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1786.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 32420094

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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