

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

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

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

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

5. Covering Period 03 01 2011 through 03 31 2011

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 04 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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		244474.11
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	312446.76									
(c) Total Receipts (from Line 19)	134932.00	281470.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	447378.76	525944.61								
7. Total Disbursements (from Line 31)	267371.19	345937.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	180007.57	180007.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	89740.00	211067.00
(ii) Unitemized	45192.00	70403.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	134932.00	281470.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	134932.00	281470.50
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	134932.00	281470.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	134932.00	281470.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	266000.00	340500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	15.00	15.00
(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))	15.00	15.00
29. Other Disbursements.....	1356.19	5422.04
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))..	267371.19	345937.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	267371.19	345937.04

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)	134932.00	281470.50
34. Total Contribution Refunds (from Line 28(d))	15.00	15.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	134917.00	281455.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Howell F. Wallace, Jr		Date of Receipt	
	Mailing Address 4 Village Square		M M / D D / Y Y Y Y 03 / 03 / 2011	
	City	State	Zip Code	Transaction ID: 9862865
	Smyrna	DE	19977-1852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Pratt Insurance, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Charles K. Hennessey		Date of Receipt	
	Mailing Address 31 Central St		M M / D D / Y Y Y Y 03 / 03 / 2011	
	City	State	Zip Code	Transaction ID: 9862866
	Westbrook	ME	04092-2810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Anderson Watkins Assocs		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dale Simmon		Date of Receipt	
	Mailing Address 612 S Creyts Rd Ste B		M M / D D / Y Y Y Y 03 / 03 / 2011	
	City	State	Zip Code	Transaction ID: 9862868
	Lansing	MI	48917-8266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Simmon Insurance Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard B. Deming		Date of Receipt
	Mailing Address PO Box 1800		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bozeman	MT	59771-1800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First West, Inc.		Occupation President	Transaction ID: 9862869
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Richard Hutson		Date of Receipt
	Mailing Address 64 Broad St		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charleston	SC	29401-2901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer William Means Co Insurance		Occupation Insurance Agent	Transaction ID: 9862875
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) William C. Thomas		Date of Receipt
	Mailing Address One Park Lane Central Park		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Hilton Head Island	SC	29938-5159
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BB&T/ Carswell Insurance Services		Occupation Insurance Agent	Transaction ID: 9862877
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Russell W. Flueckiger		Date of Receipt
	Mailing Address 435 E Line		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2011
	City	State	Zip Code
	Geneva	IN	46740-8936
	FEC ID number of contributing federal political committee. C		Transaction ID: 9862939
Name of Employer Bixler Insurance Incorporated		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Pam Barkel		Date of Receipt
	Mailing Address 4034 Four Lakes Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2011
	City	State	Zip Code
	Linden	MI	48451-9480
	FEC ID number of contributing federal political committee. C		Transaction ID: 9862947
Name of Employer Hartland Insurance Agency, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Trina Garvin		Date of Receipt
	Mailing Address 735 Woodmere Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2011
	City	State	Zip Code
	Traverse City	MI	49686-3348
	FEC ID number of contributing federal political committee. C		Transaction ID: 9862948
Name of Employer Fitzmaurice Garvin Agency		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Greg K Rummel		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 522 South Main St		Transaction ID: 9862951		
	City Frankenmuth	State MI	Zip Code 48734-1618	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emil Rummel Agency, Inc.	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Roger L. Stoor		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 199 Lind Road		Transaction ID: 9862953		
	City Crystal Falls	State MI	Zip Code 49920-9691	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lud Stoor Agency, Inc.	Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) James M. Watkins		Date of Receipt MM / DD / YYYY 03 / 07 / 2011		
	Mailing Address 1880 Walnut Shade Road		Transaction ID: 9872423		
	City Magnolia	State DE	Zip Code 19962-1836	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pfister Insurance, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

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 10 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brooks A. Allen

Mailing Address 115 Solana Rd
Ste 2A

City State Zip Code
Ponte Vedra Beach FL 32082-5230

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

Name of Employer St. Johns Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2011

Transaction ID: 9872425

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Donald E. Dresback

Mailing Address 6001 Broken Sound Pkwy NW
Suite 500

City State Zip Code
Boca Raton FL 33487-2754

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

Name of Employer The Beacon Group, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2011

Transaction ID: 9872431

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Patricia Kerby

Mailing Address 7192 Main Street
P O Box 809

City State Zip Code
Bonners Ferry ID 83805-8729

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

Name of Employer Pace-Kerby & Co Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2011

Transaction ID: 9872449

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 11 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 1615 NE Broadway St

City State Zip Code
Portland OR 97232-1425

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

Name of Employer Timmco Insurance Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872459

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Tod E. Aronson

Mailing Address One Gateway Center Suite 400
420 Fort Duquesne Blvd

City State Zip Code
Pittsburgh PA 15222-1435

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

Name of Employer E R Munro and Company Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872460

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Art Glasgow

Mailing Address 1612 Hwy 31 SW

City State Zip Code
Hartselle AL 35640-2826

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

Name of Employer Peck-Glasgow Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872556

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael E. Moss		Date of Receipt MM / DD / YYYY 03 / 07 / 2011		
	Mailing Address 803 S Dogwood St		Transaction ID: 9872557		
	City Siloam Springs	State AR	Zip Code 72761-3915	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Moss Insurance Group	Occupation Insurance Agent			
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) Mark V. Williamson		Date of Receipt MM / DD / YYYY 03 / 07 / 2011		
	Mailing Address 1910 N Grant St Ste 200		Transaction ID: 9872558		
	City Little Rock	State AR	Zip Code 72207-4427	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mark V. Williamson Compan- y, Inc.	Occupation 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) John Ritenour		Date of Receipt MM / DD / YYYY 03 / 07 / 2011		
	Mailing Address 1855 W State Road 434		Transaction ID: 9872567		
	City Longwood	State FL	Zip Code 32750-5069	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Insurance Office of Ameri- ca, Inc.	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 13 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Cynthia Webster

Mailing Address 13080 S Belcher Rd Ste H

City State Zip Code
Largo FL 33773-1639

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

Name of Employer Occupation
Jack Rice Insurance, LLC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872572

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Doug Wiles

Mailing Address 400 N Ponce de Leon Blvd

City State Zip Code
St Augustine FL 32084-3587

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

Name of Employer Occupation
Herbie Wiles Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872573

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Anthony Jones

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

Name of Employer Occupation
Agency Service Group, Inc. dba Flegal Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9872574

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial)
Greg Bloomfield

Mailing Address 410 N Main St

City Hailey State ID Zip Code 83333-8416

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

Name of Employer Wood River Insurance, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 9872576

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Brad Nielson

Mailing Address 960 Pier View Drive Suite A

City Idaho Falls State ID Zip Code 83402-4918

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

Name of Employer The Buckner Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 9872578

Amount of Each Receipt this Period 250.00

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

Mailing Address 300 W Harrison St

City Dillon State SC Zip Code 29536-3312

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

Name of Employer Braddy Insurance, Inc Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 9872586

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Travis Mulhearn		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 801 Parkway		Transaction ID: 9873264		
	City Conway	State AR	Zip Code 72034-5342	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Farris Agency, Inc.	Occupation Account Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Alan White		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 801 Parkway		Transaction ID: 9873265		
	City Conway	State AR	Zip Code 72034-5342	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Farris Agency, Inc.	Occupation Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Tom Timlin		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 2109 Lavista Exe Park		Transaction ID: 9873266		
	City Tucker	State GA	Zip Code 30084-5422	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Manry & Heston, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 114

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William Deal, Jr

Mailing Address 917 2nd St S

City State Zip Code
Nampa ID 83651-3811

FEC ID number of contributing federal political committee. C

Name of Employer
W. W. Deal Insurance Agen-
cy

Occupation
President/ Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2011

Transaction ID: 9873267

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Andrew L. Beauchamp

Mailing Address 231 W Canal St

City State Zip Code
Wabash IN 46992-3218

FEC ID number of contributing federal political committee. C

Name of Employer
Morrison Gallihier, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2011

Transaction ID: 9873268

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael W. Johnson

Mailing Address 302 Main St

City State Zip Code
Mapleton MN 56065

FEC ID number of contributing federal political committee. C

Name of Employer
M & M Insurance Agency of
Mapleton Inc

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2011

Transaction ID: 9873269

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kermit M. Starnes	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 70 Corporate Hills Dr Ste 101	Transaction ID: 9873272
	City State Zip Code Saint Charles MO 63301-3750	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lutheran Trust Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Greg Blair	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 2277 Rte 33 Ste 404 Golden Crest Corporate Center	Transaction ID: 9873275
	City State Zip Code Hamilton Square NJ 08690-1700	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Nottingham Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) George Yates	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 78 Main Street	Transaction ID: 9873280
	City State Zip Code East Hampton NY 11937-2730	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer E. T. Dayton Inc. dba Day- ton Ritz & Os	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 18 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 713 Parke Ave

City State Zip Code
Portland ND 58274

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

Name of Employer Mayport Insurance & Realty Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 9873281

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kathy McKay

Mailing Address 1321 Chuck Dawley Blvd
Suite 201

City State Zip Code
Mt Pleasant SC 29464-7306

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

Name of Employer McKay Insurance Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 9873283

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 216 W Emerson

City State Zip Code
Paragould AR 72450-4364

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

Name of Employer M. F. Block Insurance, In-
c. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 9879537

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 19 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Berry Bishop

Mailing Address 1015 Caddo

City Arkadelphia State AR Zip Code 71923-6248

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

Name of Employer Alliance Insurance Group of Arkadelphia Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2011

Transaction ID: 9879538

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Scott R. Clark

Mailing Address 5500 Euper Ln

City Fort Smith State AR Zip Code 72903-3234

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

Name of Employer Brown-Hiller-Clark & Associates Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 10 / 2011

Transaction ID: 9879539

Amount of Each Receipt this Period 600.00

C.

Full Name (Last, First, Middle Initial)
Bill McGhee

Mailing Address 13000 Chenal Parkway Suite 110

City Little Rock State AR Zip Code 72211-5212

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2011

Transaction ID: 9879540

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Donald Boone

Mailing Address 850 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6145

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

Name of Employer BB&T - J. Rolfe Davis Insurance
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879542
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Darren Howard

Mailing Address 7120 Beneva Rd

City Sarasota State FL Zip Code 34238-2804

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

Name of Employer Atlas Insurance Agency
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879545
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Alex Soto

Mailing Address 9500 S Dadeland Blvd Ste 200

City Miami State FL Zip Code 33156-2866

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

Name of Employer InSource, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879548
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J Hayes Worley

Mailing Address 9500 S Dadeland Blvd Ste 200

City State Zip Code
Miami FL 33156-2866

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

Name of Employer InSource, Inc. Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879550
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
D Gary Archibald

Mailing Address 135 W Main

City State Zip Code
Rexburg ID 83440-1826

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

Name of Employer Archibald Insurance Center Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879554
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Webb Mandeville

Mailing Address 130 S Pratten

City State Zip Code
Columbus MT 59019-0069

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879564
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 22 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Marc Berube

Mailing Address 365 Nashua St

City Milford State NH Zip Code 03055-4918

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

Name of Employer: Eaton & Berube Insurance Agency, Inc. Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879565
Amount of Each Receipt this Period: 300.00

B.

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

Mailing Address 5 Hanover Rd

City Florham Park State NJ Zip Code 07932-1807

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

Name of Employer: AAA New Jersey Insurance Agency Occupation: Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879578
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
John F Murray

Mailing Address 99 Troy Rd Ste 300

City East Greenbush State NY Zip Code 12061-1027

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

Name of Employer: Rose & Kiernan, Inc. Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: 9879582
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 78 Main Street

City State Zip Code
East Hampton NY 11937-2730

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

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

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 9879584

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dan M Armbrust

Mailing Address 721 1st Avenue North

City State Zip Code
Fargo ND 58102-4903

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

Name of Employer
Dawson Insurance Agency,
Inc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 9879587

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Sherry D Samson

Mailing Address 2701 S Columbia Rd

City State Zip Code
Grand Forks ND 58201-6029

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

Name of Employer
Vaaler Insurance, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 9879588

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Richard D. Teubner

Mailing Address 2738 E 51st St Ste 400

City State Zip Code
Tulsa OK 74105-6227

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

Name of Employer Rich & Cartmill, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 9879592

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Karl Fischer

Mailing Address 125 E Dakota

City State Zip Code
Pierre SD 57501-3216

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

Name of Employer Fischer Rounds & Associates, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 9879594

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dana D. Groome

Mailing Address 400 Main St

City State Zip Code
Conway SC 29526-4308

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

Name of Employer Peoples Underwriters, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 9879597

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

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

Mailing Address 1909 21st Avenue S
PO Box 121587

City Nashville State TN Zip Code 37212-3833

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

Name of Employer Martin & Zerfoss, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879602
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Kenneth C. Miller

Mailing Address 2063 East 3900 S

City Salt Lake City State UT Zip Code 84124-1760

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

Name of Employer InsurAmerica Occupation Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879603
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael S. Rydbom

Mailing Address 375 S Grand Ave

City Pullman State WA Zip Code 99163-2841

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

Name of Employer Associated Independent Ag-
encies Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2011
Transaction ID: 9879604
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 26 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

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

Mailing Address 3565 Piedmont Rd
Three Piedmont Center Ste 700

City Atlanta State GA Zip Code 30305-1567

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

Name of Employer Pritchard & Jerden, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884373
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Lynn W. Mathis

Mailing Address 2009 Montreal Rd

City Tucker State GA Zip Code 30084-5227

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

Name of Employer Williams Turner & Mathis, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884374
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Greg Sedlock

Mailing Address 8210 White Bluff Road

City Savannah State GA Zip Code 31406-3432

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

Name of Employer Jerry Beets & Associates, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884376
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A. Full Name (Last, First, Middle Initial)
Jim Wirtz
Mailing Address 3685 450th Ave
City Emmetsburg State IA Zip Code 50536-8709
FEC ID number of contributing federal political committee. **C**
Name of Employer Hughes, Brennan & Wirtz, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 11 / 2011
Transaction ID: 9884378
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Steve B. Thompson
Mailing Address 545 South Third Street Suite 300
City Louisville State KY Zip Code 40202-1838
FEC ID number of contributing federal political committee. **C**
Name of Employer Sterling G. Thompson Comp- any Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 11 / 2011
Transaction ID: 9884379
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ray Gallant
Mailing Address 199 Great Road
City Acton State MA Zip Code 01720-5759
FEC ID number of contributing federal political committee. **C**
Name of Employer Gallant Insurance Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
Date of Receipt 03 / 11 / 2011
Transaction ID: 9884380
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 28 / 114
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Susan M. Leslie		Date of Receipt MM / DD / YYYY 03 / 11 / 2011	
	Mailing Address 286 York St		Transaction ID: 9884381	
	City	State	Zip Code	Amount of Each Receipt this Period
	York	ME	03909-1006	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Bragdon Insurance, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Jeffrey C. Newsom		Date of Receipt MM / DD / YYYY 03 / 11 / 2011	
	Mailing Address 15 Market Square		Transaction ID: 9884382	
	City	State	Zip Code	Amount of Each Receipt this Period
	South Paris	ME	04281-1511	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer W. J. Wheeler & Company, Inc.		Occupation Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J. Scott Brothers		Date of Receipt MM / DD / YYYY 03 / 11 / 2011	
	Mailing Address 2901 Arizona Ave		Transaction ID: 9884384	
	City	State	Zip Code	Amount of Each Receipt this Period
	Joplin	MO	64804-3180	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer The Insurancenter		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 29 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

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

Mailing Address 12800 Lake Blvd

City Lindstrom State MN Zip Code 55045-9345

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

Name of Employer Stein Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884386
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Hal Tiffany, Jr

Mailing Address Hamline Place
2573 Hamline Ave No

City Roseville State MN Zip Code 55113-3182

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

Name of Employer Hal Tiffany Agency Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884387
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Eric G. Gustafson

Mailing Address P.O. Box 468

City York State ME Zip Code 03909-0468

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

Name of Employer Bragdon Insurance, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 9884391
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 30 / 114 (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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

<p>A. Full Name (Last, First, Middle Initial) Thomas Minkler</p> <p>Mailing Address 102 Main St</p> <p>City Keene State NH Zip Code 03431-3736</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Clark-Mortenson Agency, Inc. Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 9884392</p> <p>Amount of Each Receipt this Period 4900.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Jeffrey K. Towle</p> <p>Mailing Address 115 Airport Rd</p> <p>City Concord State NH Zip Code 03301-7300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Davis & Towle Group Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 9884393</p> <p>Amount of Each Receipt this Period 1000.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) James V. Farmer</p> <p>Mailing Address 919 N 1st St</p> <p>City Phoenix State AZ Zip Code 85004-1902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Farmer-Leavitt Insurance Agency, Inc. Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 9894435</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>6150.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Charles Owens

Mailing Address 431 Sylamore Ave

City State Zip Code
Mountain View AR 72560-8607

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

Name of Employer
White River Insurance Age-
ncy of Mounta

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894436

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 101 Starcrest Dr

City State Zip Code
Clearwater FL 33765-3225

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

Name of Employer
Bouchard Insurance

Occupation
Chairman/ President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894440

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 800 Bethel St # 200

City State Zip Code
Honolulu HI 96813-4338

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

Name of Employer
Insurance Associates, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894454

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 32 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Patricia A. Baker

Mailing Address 538 Main St

City Gooding State ID Zip Code 83330-1332

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

Name of Employer Baker Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894455
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address P O Box 69

City Blackfoot State ID Zip Code 83221-0069

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

Name of Employer Conquest Insurance Agency Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894456
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
William F. Post

Mailing Address 2717 W Bannock

City Boise State ID Zip Code 83702-4759

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894457
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 33 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Jo Ann Evans

Mailing Address 303 W Third St

City Carthage State MO Zip Code 64836-1735

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

Name of Employer Beimdick Insurance Agency, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2011

Transaction ID: 9894461

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Vance L. Prigge

Mailing Address 2801 55th Street NW

City Rochester State MN Zip Code 55901-4187

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

Name of Employer Atlas Insurance Brokers, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2011

Transaction ID: 9894464

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Chris Brassard

Mailing Address 1924 Western Ave Ste 1

City Albany State NY Zip Code 12203-5077

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

Name of Employer Ten Eyck Group Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2011

Transaction ID: 9894467

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 34 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kevin McDonough

Mailing Address 8 Stage Rd

City State Zip Code
Monroe NY 10950-3511

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

Name of Employer Occupation
Walter Rose Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894469

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3083 Columbus Street

City State Zip Code
Grove City OH 43123-2700

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

Name of Employer Occupation
Morley-Parren-Bright Insu-
rance Agency Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894471

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael L. Miller

Mailing Address 709 E Main St

City State Zip Code
Jackson OH 45640-2130

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

Name of Employer Occupation
Sheward Ins Agcy Inc Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894473

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 35 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Joanne M. Bankos

Mailing Address 2900 Eastern Blvd

City York State PA Zip Code 17402-2910

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

Name of Employer Collens Wagner Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 14 / 2011
Transaction ID: 9894479
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Kerry Pollock

Mailing Address 1122 Laurel Ln

City San Luis Obispo State CA Zip Code 93401-5895

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

Name of Employer Morris & Garritano Insurance Agency, I Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 14 / 2011
Transaction ID: 9894508
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Randles

Mailing Address 1622 S Gaffey St

City San Pedro State CA Zip Code 90731-4658

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

Name of Employer Insurance Center Associates, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2011
Transaction ID: 9894509
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 36 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
F David McKinney

Mailing Address PO Box 945255

City Maitland State FL Zip Code 32794-5255

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

Name of Employer J. Rolfe Davis Insurance Agency, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894517
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
William A. Adams

Mailing Address 7695 Treeridge Ct

City Atlanta State GA Zip Code 30350-3739

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

Name of Employer William Adams & Associates, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894518
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Randy D. Tanner

Mailing Address 5775 Glenridge Dr NE Ste B400

City Atlanta State GA Zip Code 30328-7133

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

Name of Employer Tanner Ballew & Maloof, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 9894520
Amount of Each Receipt this Period 1000.00

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 37 / 114
(check only one)

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

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

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

A.

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

Mailing Address 538 Main St

City State Zip Code
Gooding ID 83330-1332

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

Name of Employer
Baker Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894521

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kenneth L Bailey

Mailing Address 189 Water St

City State Zip Code
Gardiner ME 04345-2108

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

Name of Employer
Gosline-Murchie Agency

Occupation
Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894522

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address PO Box 130

City State Zip Code
Rangeley ME 04970-0130

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

Name of Employer
Morton & Furbish Ins Agcy

Occupation
Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894523

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas G. Effertz

Mailing Address 285 18th St SE

City State Zip Code
Owatonna MN 55060-4064

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

Name of Employer Occupation
Tincher Peterson & Sincock CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 9894524

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Madelyn Flannagan

Mailing Address 127 South Peyton Street

City State Zip Code
Alexandria VA 22314-2879

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

Name of Employer Occupation
Independent Insurance Agents & Brokers Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9895656

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Leland S. Stanford

Mailing Address 327 Chestnut St Ste 1

City State Zip Code
Roselle Park NJ 07204-1943

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

Name of Employer Occupation
Britton-Selg-Stanford Agency President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9895669

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 / 114

(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)

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

A.

Full Name (Last, First, Middle Initial)

Michael S. Rifkin

Mailing Address 1499 Blake Street
2G

City State Zip Code
Denver CO 80202-1356

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

Name of Employer
Rifkin Insurance Assocs
Inc

Occupation
Agency Principal

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 9895730

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Betsy McClain

Mailing Address 5775 Glenridge Dr NE Ste B400

City State Zip Code
Atlanta GA 30328-7133

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

Name of Employer
Tanner Ballew & Maloof,
Inc.

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 9895737

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City State Zip Code
Santa Monica CA 90401-1805

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

Name of Employer
White & Company Insurance,
Inc

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: 9895740

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 40 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David A. Walker
Mailing Address 2532 Old US 23
City Hartland State MI Zip Code 48353
FEC ID number of contributing federal political committee. **C**
Name of Employer Hartland Insurance Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 03 / 15 / 2011
Transaction ID: 9895742
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
James J. Byrnes, III
Mailing Address 77 cady lane
City Woodstock State CT Zip Code 06281-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Byrnes Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 15 / 2011
Transaction ID: 9895758
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Kenneth A Christian
Mailing Address 10 Main St
City Peterborough State NH Zip Code 03458-2418
FEC ID number of contributing federal political committee. **C**
Name of Employer Bellows-Nichols Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 15 / 2011
Transaction ID: 9896049
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Christopher C. Eldredge		Date of Receipt	
	Mailing Address 2 N Main St		M M / D D / Y Y Y Y Y 03 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 9896050
	Newport	NH	03773-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer McCrillis & Eldredge Insurance, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Bob Nash		Date of Receipt	
	Mailing Address 125 Airport Rd		M M / D D / Y Y Y Y Y 03 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 9896051
	Concord	NH	03301-7300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer New Hampshire Association of Insurance		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) Joseph A. Gundermann, III		Date of Receipt	
	Mailing Address 175 W Carver St		M M / D D / Y Y Y Y Y 03 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 9896054
	Huntington	NY	11743-3307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Gundermann & Gundermann, Inc.		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 42 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Edgar J. Higgins, Jr

Mailing Address 853 James St

City State Zip Code
Clayton NY 13624-1415

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

Name of Employer
Thousand Islands Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896055

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JoAnne Murray

Mailing Address 24 S Broadway

City State Zip Code
Tarrytown NY 10591-4002

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

Name of Employer
Allan M Block Agency, Inc.

Occupation
Vice President/ Treas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896056

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard Macrae

Mailing Address 175 W Carver St

City State Zip Code
Huntington NY 11743-3307

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

Name of Employer
Gundermann & Gundermann, Inc.

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896057

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Edward L. Schultz

Mailing Address 24 S Broadway

City State Zip Code
Tarrytown NY 10591-4002

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

Name of Employer Occupation
Allan M Block Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896058

Amount of Each Receipt this Period
250.00

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

Mailing Address 117 S Rock Island

City State Zip Code
El Reno OK 73036-2732

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

Name of Employer Occupation
Advantage Insurance Group Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896059

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William G. Uhl, II

Mailing Address 7755 Paragon Road
Suite 100

City State Zip Code
Dayton OH 45459-4052

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

Name of Employer Occupation
Wm. G. Uhl Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 9896063

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 48 W Main St

City State Zip Code
Marianna AR 72360-2247

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

Name of Employer
Smith Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: 9896066

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brant Newland

Mailing Address 7807 Baymeadows Rd East Ste 301

City State Zip Code
Jacksonville FL 32256-9667

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

Name of Employer
The Della Porta Group, In-
c.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

Transaction ID: 9902460

Amount of Each Receipt this Period
250.00

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

Mailing Address 13177 W Persimmon Ln Ste 100

City State Zip Code
Boise ID 83713-1986

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

Name of Employer
Ricketts and Associates, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

Transaction ID: 9902461

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 45 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ted E. Dyste
Mailing Address 6465 Wayzata Blvd Ste 700
City State Zip Code
Minneapolis MN 55426-1751
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Dyste Williams Agency Insurance Agent
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00
Date of Receipt
MM / DD / YYYY
03 / 17 / 2011
Transaction ID: 9902463
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John Deardorff
Mailing Address 11640 Arbor Street Ste 102
City State Zip Code
Omaha NE 68144-5007
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Peterson Brothers Insuran- ce, Inc. Producer
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00
Date of Receipt
MM / DD / YYYY
03 / 17 / 2011
Transaction ID: 9902465
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lane S. Rubin
Mailing Address The Excelsior Group Inc
71 S Central Ave Ste 305
City State Zip Code
Valley Stream NY 11580-5403
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Excelsior Group, Inc. Insurance Agent
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00
Date of Receipt
MM / DD / YYYY
03 / 17 / 2011
Transaction ID: 9902467
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 46 / 114

(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)

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

A.

Full Name (Last, First, Middle Initial)

James E. Clement Jr.

Mailing Address 105 E Arlington Blvd

City State Zip Code
Greenville NC 27858-5018

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

Name of Employer Occupation
The Clement Companies Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 9902470

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Wade S. Dunbar, III

Mailing Address 800 Atkinson St

City State Zip Code
Laurinburg NC 28352-4717

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

Name of Employer Occupation
Wade S. Dunbar Agency Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 9902471

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Wells

Mailing Address 4112 N Croatan Hwy

City State Zip Code
Kitty Hawk NC 27949-6075

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

Name of Employer Occupation
Southern Insurance Agency, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 9902480

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 47 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Julius J. Anderson, Jr

Mailing Address 3491 Shelby Ray Court

City Charleston State SC Zip Code 29414-5838

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

Name of Employer Anderson Ins Assocs LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2011
Transaction ID: 9902483
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
James L Rippy

Mailing Address 315 S Second St

City Union City State TN Zip Code 38261-3825

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2011
Transaction ID: 9902485
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Joseph E. Hansen

Mailing Address 376 East Sunland Drive Suite 12

City St George State UT Zip Code 84790-5612

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

Name of Employer Joseph E Hansen Insurance Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2011
Transaction ID: 9902486
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: (check only one)	PAGE 48 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael F. Keating	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 10 Arapahoe Rd	Transaction ID: 9902574
	City State Zip Code West Hartford CT 06107-2701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Michael J. Keating Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Edward Copple	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 1640 L Street Ste A	Transaction ID: 9902577
	City State Zip Code Lincoln NE 68508-2581	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Copple Insurance Agency Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Shane N. Sis	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 601 Chief St	Transaction ID: 9902580
	City State Zip Code Benkelman NE 69021-4405	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AmFirst Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 114

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Thomas Gundermann

Mailing Address 175 W Carver St

City

Huntington

State

NY

Zip Code

11743-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundermann & Gundermann,
Inc.

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: 9902585

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Drew B. Hoover

Mailing Address 3809 Computer Dr

City

Raleigh

State

NC

Zip Code

27609-6518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore and Johnson Agency

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: 9902595

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffery Scherschligt

Mailing Address 300 Cherapa Place STE 601

City

Sioux Falls

State

SD

Zip Code

57103-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howalt-McDowell Insurance,
Inc.

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: 9902620

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 14120 Metropolis Ave

City State Zip Code
Fort Myers FL 33912-4331

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

Name of Employer
Five County Insurance Age-
ncy
Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: 9906599

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey W. Grady

Mailing Address 3159 Shamrock South

City State Zip Code
Tallahassee FL 32309-3337

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

Name of Employer
Florida Association of In-
surance Agent
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: 9906606

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Walter K Ohl

Mailing Address 100 South St West

City State Zip Code
Spicer MN 56288-4600

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

Name of Employer
Pioneer Heritage Insuranc-
e, LLC
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 9906898

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 51 / 114
(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)

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

A.

Full Name (Last, First, Middle Initial)

Sheila Sawyer

Mailing Address 152 Main Street

City

Wiscasset

State

ME

Zip Code

04578-4140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carl M P Larrabee Agency,
Inc.

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9906899

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Philip G. Bogle

Mailing Address 200 Stuyvesant Ave

City

Lyndhurst

State

NJ

Zip Code

07071-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bogle Agency, Inc.

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 9906900

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jon L. Moon

Mailing Address 130 East Main

City

Ada

State

OK

Zip Code

74820-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moon-Baker Agency

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 9906904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Faye R. Bradham

Mailing Address 1323 4th Avenue

City State Zip Code
Conway SC 29526-5017

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

Name of Employer
Bradham Insurance Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 9906909

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lee P Ellis

Mailing Address 701 First Street West

City State Zip Code
Hampton SC 29924-3507

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

Name of Employer
Ellis Realty & Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 9906910

Amount of Each Receipt this Period
260.00

C.

Full Name (Last, First, Middle Initial)
G Frank Sheppard

Mailing Address 800 Gracern Rd

City State Zip Code
Columbia SC 29210-7693

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

Name of Employer
Ind Ins Agts & Brokers of South Caroli

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 9906911

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1260.00**

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 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cary Wilson
Mailing Address 84 Villa Rd Suite 200
City Greenville State SC Zip Code 29615-3014
FEC ID number of contributing federal political committee. **C**
Name of Employer Smart Choice Agents of SC Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 23 / 2011
Transaction ID: 9906912
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Gibbons
Mailing Address 201 W Watauga Ave
City Johnson City State TN Zip Code 37604-5623
FEC ID number of contributing federal political committee. **C**
Name of Employer Watauga Insurance, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 23 / 2011
Transaction ID: 9906913
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Bob Markus
Mailing Address 117 W Gaines St
City Lawrenceburg State TN Zip Code 38464-3630
FEC ID number of contributing federal political committee. **C**
Name of Employer Markus Insurance Agency, Inc.-Lawrence Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 23 / 2011
Transaction ID: 9906914
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 54 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Brad V Smith

Mailing Address 855 Ridge Lake Blvd Ste 400

City State Zip Code
Memphis TN 38120-9438

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

Name of Employer Occupation
Smith-Berclair Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2011

Transaction ID: 9906915

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mark F. Calhoun

Mailing Address P O Box 10265

City State Zip Code
Birmingham AL 35202-0265

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

Name of Employer Occupation
McGriff, Seibels & Williams, Inc. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2011

Transaction ID: 9917173

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Peter R. Houldin

Mailing Address 4 Green Hill Rd

City State Zip Code
Washington Depot CT 06793-1201

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

Name of Employer Occupation
Ericson Insurance Services Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2011

Transaction ID: 9917176

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 55 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Oulundsen
Mailing Address 33 Court St
City State Zip Code
New Britain CT 06051-2211
FEC ID number of contributing federal political committee. **C**
Name of Employer Jones, Raphael & Oulundsen, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 24 / 2011
Transaction ID: 9917177
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
William E. Beckham
Mailing Address 14900 NW 79th Ct Ste 200
City State Zip Code
Hialeah FL 33016-5869
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown & Brown Insurance - HBA Division Occupation Profit Center Leader
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 24 / 2011
Transaction ID: 9917180
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ted R. Ostrander, Jr
Mailing Address 1317 Citizens Blvd
City State Zip Code
Leesburg FL 34748-3923
FEC ID number of contributing federal political committee. **C**
Name of Employer Lassiter-Ware Insurance Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 24 / 2011
Transaction ID: 9917192
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 56 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gould B. Hagler

Mailing Address 3186 Chestnut Drive Conn

City Doraville State GA Zip Code 30340-3242

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

Name of Employer Independent Insurance Age-nts of Georgi Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917200

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Randall G. Peters

Mailing Address PO Box 850

City Ringgold State GA Zip Code 30736-0850

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

Name of Employer Weeks & Peters ASG Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917202

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Scott Wirtz

Mailing Address 3685 450th Ave

City Emmetsburg State IA Zip Code 50536-8709

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

Name of Employer Hughes, Brennan & Wirtz, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917206

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 57 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Julie Statland

Mailing Address 8811 Colesville Rd Ste 2

City State Zip Code
Silver Spring MD 20910-4350

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

Name of Employer Statland & Katz, LTD Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2011

Transaction ID: 9917208

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Julie Bennett

Mailing Address 1905 Stadium Dr

City State Zip Code
Bozeman MT 59715-1799

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

Name of Employer First West, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2011

Transaction ID: 9917212

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Rick Spreng

Mailing Address 320 College Ave

City State Zip Code
Ashland OH 44805-3803

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

Name of Employer Spreng-Smith Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2011

Transaction ID: 9917220

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
John E Dillingham

Mailing Address 2402 W Willow

City Enid State OK Zip Code 73703-2324

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

Name of Employer Dillingham Insurance Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917222

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Charles Dorton

Mailing Address 1320 Elmwood Avenue # E

City Columbia State SC Zip Code 29201-2160

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

Name of Employer Russell Massey & Co Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917225

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Sam Bradshaw

Mailing Address 421 West Court Street

City Dyersburg State TN Zip Code 38024-4616

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

Name of Employer Bradshaw & Company Insuro-
rs Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 9917267

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial) Norman F Basso		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
Mailing Address York Executive Center 2555 Kingston Rd Ste 100		Transaction ID: 9917273
City York	State PA	Zip Code 17402-3780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer E K McConkey & Company	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Perry H. Reynolds		Date of Receipt MM / DD / YYYY 03 / 29 / 2011
Mailing Address PO Box 2246		Transaction ID: 9929618
City Anniston	State AL	Zip Code 36202-2246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dornon & Reynolds Insuran- ce Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Andrew B. Meadors		Date of Receipt MM / DD / YYYY 03 / 29 / 2011
Mailing Address 101 S Spring Ste 400		Transaction ID: 9929620
City Little Rock	State AR	Zip Code 72201-2455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Meadors, Adams & Lee, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terri O'Neal-Boyd		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 3020 E Camelback Rd Ste 213		Transaction ID: 9929622		
	City Phoenix	State AZ	Zip Code 85016-4423	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DHR Insurance Services LLC	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Kevin S. Reardon		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 26 Clark Lane		Transaction ID: 9929625		
	City Waterford	State CT	Zip Code 06385-2329	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Reardon Agency, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) G. Bradley Brown		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 973 DelMar Dr		Transaction ID: 9929629		
	City The Villages	State FL	Zip Code 32159-7734	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Villages Insurance Sp- anish Springs	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bart Gunter		Date of Receipt	
	Mailing Address 1117 Thomasville Rd PO Box 12099 323172099		M M / D D / Y Y Y Y 03 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 9929635
	Tallahassee	FL	32303-6223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Rogers, Gunter, Vaughn Insurance, Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Jeff Schlitt		Date of Receipt	
	Mailing Address 1717 Indian River Blvd Ste 300		M M / D D / Y Y Y Y 03 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 9929638
	Vero Beach	FL	32960-0864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Schlitt Insurance Services, Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Kevin Vaughn		Date of Receipt	
	Mailing Address 1117 Thomasville Rd PO Box 12099 323172099		M M / D D / Y Y Y Y 03 / 29 / 2011	
	City	State	Zip Code	Transaction ID: 9929640
	Tallahassee	FL	32303-6223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Rogers, Gunter, Vaughn Insurance, Inc.		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) George Dahlinger		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 1216 12th Ave South		Transaction ID: 9929644		
	City Nampa	State ID	Zip Code 83651-4665	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dahlinger & Co Insurance	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Richard R Price		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 580 N Western Ave		Transaction ID: 9929650		
	City Lake Forest	State IL	Zip Code 60045-5312	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Paul T Price & Son, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Donald W. Whitacre		Date of Receipt MM / DD / YYYY 03 / 29 / 2011		
	Mailing Address 2828 North Main St Ste 105		Transaction ID: 9929652		
	City Decatur	State IL	Zip Code 62526-4289	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Whitacre-McNamara Insurance Services	Occupation Managing Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Don K Pierce

Mailing Address 18118 Mack Avenue

City State Zip Code
Grosse Pointe MI 48230-6237

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

Name of Employer Occupation
Donald K Pierce & Company President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: 9929657

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert Schneider

Mailing Address 7300 Metro Blvd Ste 355

City State Zip Code
Minneapolis MN 55439-2302

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

Name of Employer Occupation
RPS Schneider Agency Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: 9929658

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3131 Dredge Drive

City State Zip Code
Helena MT 59602-0523

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

Name of Employer Occupation
Independent Insurance Age- Executive Director
nts of Montan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: 9929662

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address 1740 N 4th St

City State Zip Code
David City NE 68632-2206

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

Name of Employer
Jones Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2011

Transaction ID: 9929668

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 510 N 14th St

City State Zip Code
Fort Calhoun NE 68023-2023

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

Name of Employer
New Frontier Insurance Agency

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2011

Transaction ID: 9929669

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Nick Rossi

Mailing Address 6275 Neil Road 3rd Floor

City State Zip Code
Reno NV 89511-1165

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

Name of Employer
L/P Insurance Services, Inc. dba: ISU-

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2011

Transaction ID: 9929673

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Melanie Mongeon

Mailing Address 279 Dexter St

City Pawtucket State RI Zip Code 02860-1901

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

Name of Employer Loiselle Insurance Agency Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2011

Transaction ID: 9929676

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Joe L Strunk

Mailing Address 10305 N May Ave

City Oklahoma City State OK Zip Code 73120-2609

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

Name of Employer Alexander & Strunk Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2011

Transaction ID: 9929680

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 390 Pondella Road # 1

City North Fort Myers State FL Zip Code 33903-4340

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

Name of Employer Lee County Insurance Agen-
cy, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011

Transaction ID: 9930072

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 114
(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)

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

A.

Full Name (Last, First, Middle Initial)

Peggy Gardner

Mailing Address 390 Pondella Road # 1

City

North Fort Myers

State

FL

Zip Code

33903-4340

FEC ID number of contributing federal political committee.

C

Name of Employer
Lee County Insurance Agen-
cy, Inc.

Occupation

Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930073

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack Bennett

Mailing Address 3200 North Hayden Road # 310

City

Scottsdale

State

AZ

Zip Code

85251-6655

FEC ID number of contributing federal political committee.

C

Name of Employer
Bennett and Porter Insura-
nce Services

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930179

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William P. Simons, III

Mailing Address 910 17th St NW 9th Fl

City

Washington

State

DC

Zip Code

20006-2601

FEC ID number of contributing federal political committee.

C

Name of Employer
Rust Insurance Agency

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jack Sherrill		Date of Receipt
	Mailing Address 16 Magnlia Crossing		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2011
	City	State	Zip Code
	Savannah	GA	31411-1417
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9930192
Name of Employer Sherrill & Company		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Thomas J. Masterson		Date of Receipt
	Mailing Address 128 W St Charles Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2011
	City	State	Zip Code
	Lombard	IL	60148-2231
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9930197
Name of Employer Thomas J Masterson & Co		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Alan K. Nowacki		Date of Receipt
	Mailing Address 288 Barney Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2011
	City	State	Zip Code
	Joliet	IL	60435-5260
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9930198
Name of Employer Nancy Nowacki DBA Nowacki Insurance A		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 114
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Luke F. Praxmarer		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 25 Northwest Point Blvd # 625		Transaction ID: 9930199		
	City Elk Grove Village	State IL	Zip Code 60007-1033	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Corkill Insurance Agency Inc	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		2500.00	

B.	Full Name (Last, First, Middle Initial) Michael E Wojcik		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 10320 Orland Pkwy		Transaction ID: 9930200		
	City Orland Park	State IL	Zip Code 60467-5627	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Horton Group, Inc	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		1000.00	

C.	Full Name (Last, First, Middle Initial) Tom Edmark		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 101 N Main St		Transaction ID: 9930204		
	City Ishpeming	State MI	Zip Code 49849-1819	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Greencreek, Inc dba Iron Range Agency	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Aggregate Year-to-Date ▼		250.00	

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

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

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

FOR LINE NUMBER: PAGE 69 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 28650 N Telegraph Rd

City State Zip Code
Flat Rock MI 48134-1508

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930205

Amount of Each Receipt this Period
260.00

B. Full Name (Last, First, Middle Initial)
Owen O. Peterson

Mailing Address 4191 2nd St South

City State Zip Code
Saint Cloud MN 56301-3761

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

Name of Employer Occupation
Stearns Insurance Service-
s, Inc. Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930208

Amount of Each Receipt this Period
250.00

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

Mailing Address 111 Main St

City State Zip Code
Scobey MT 59263

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

Name of Employer Occupation
Wolfe-Daniels Agency, Inc. Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930210

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1010.00**

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 70 / 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Chris Ray		Date of Receipt	
	Mailing Address 758 2nd St		M M / D D / Y Y Y Y 03 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 9930224
	Chappell	NE	69129-6876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Federal Crop Agency		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Craig Oksol		Date of Receipt	
	Mailing Address 511 W 2nd St		M M / D D / Y Y Y Y 03 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 9930225
	Williston	ND	58801-5907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Manger Insurance, Inc		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) David R Bauer		Date of Receipt	
	Mailing Address 500 New Karner Rd Ste 5		M M / D D / Y Y Y Y 03 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 9930226
	Albany	NY	12205-3857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer Capital Bauer Insurance Agency, Inc.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Robert G. Padula

Mailing Address 16 Main St

City East Greenwich State RI Zip Code 02818-3827

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 9930231
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Johnny L. Griffin

Mailing Address 414 N Kentucky St

City Kingston State TN Zip Code 37763-2627

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 9930233
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Jack Spann

Mailing Address 710 Thompson Lane

City Nashville State TN Zip Code 37204-3610

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

Name of Employer Spann Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 9930235
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 72 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Busch H. Thoma

Mailing Address 210 N E Atlantic St

City Tullahoma State TN Zip Code 37388-3575

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

Name of Employer E. B. Thoma and Son Agency
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930236

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 8231B Northwoods Dr

City Lincoln State NE Zip Code 68505-3092

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

Name of Employer Independent Insurance Agents of Nebras
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930269

Amount of Each Receipt this Period
645.00

C.

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

Mailing Address 11640 Arbor Street Ste 102

City Omaha State NE Zip Code 68144-5007

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

Name of Employer Peterson Brothers Insurance, Inc.
Occupation Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1645.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 9930270

Amount of Each Receipt this Period
645.00

SUBTOTAL of Receipts This Page (optional) ► **1540.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 114
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert L Hoppe		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 2118 23rd St		Transaction ID: 9930271		
	City Columbus	State NE	Zip Code 68601-3447	Amount of Each Receipt this Period 395.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 495.00		
Name of Employer American Heartland Insurance Agency, I		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ritch Nelson		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 510 N 14th St		Transaction ID: 9930272		
	City Fort Calhoun	State NE	Zip Code 68023-2023	Amount of Each Receipt this Period 645.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1045.00		
Name of Employer New Frontier Insurance Agency		Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Don Gable		Date of Receipt MM / DD / YYYY 03 / 30 / 2011		
	Mailing Address 1437 10th St		Transaction ID: 9930273		
	City Gering	State NE	Zip Code 69341-2816	Amount of Each Receipt this Period 645.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 645.00		
Name of Employer Valley Insurance Services, Inc.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1685.00
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 74 / 114
(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.

Full Name (Last, First, Middle Initial)
Philip Winkelmann

Mailing Address 11132 O Street

City State Zip Code
Omaha NE 68137-2336

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: 9930274

Amount of Each Receipt this Period
645.00

B.

Full Name (Last, First, Middle Initial)
J. Hyatt Brown

Mailing Address 220 S Ridgewood Ave

City State Zip Code
Daytona Beach FL 32114-4318

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

Name of Employer Occupation
Brown & Brown of Florida, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 9943008

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Edward S. Mark

Mailing Address 119 S Exeter Ave

City State Zip Code
Exeter NE 68351

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

Name of Employer Occupation
First National Insurance Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: 9943009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1145.00**

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 75 / 114	
	(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)
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

A.	Full Name (Last, First, Middle Initial) Christine Hansens		Date of Receipt																					
	Mailing Address 2129 Aurelius Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	7		2	0	1	1														
	City	State	Zip Code		Transaction ID: 9984394																			
	Holt	MI	48842-1333																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Holt & Dimondale Agency Inc.		Occupation Insurance Agent		<input type="text" value="0.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="0.00"/>		[MEMO ITEM] Refund(s) on Schedule B Totaling \$15.00 This changes the YTD Total to \$0.00																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="89740.00"/>

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)

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

A.	Full Name (Last, First, Middle Initial) Tuesday Group PAC <hr/> Mailing Address P.O. Box 11586 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement 011 Candidate Name Tuesday Group PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9862857 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Freedom Fund <hr/> Mailing Address 701 8TH STREET, NW, Suite 500 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 011 Candidate Name Freedom Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9862858 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
C.	Full Name (Last, First, Middle Initial) Mchenry For Congress <hr/> Mailing Address PO Box 1406 <hr/> City Hickory State NC Zip Code 28603 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Patrick Timothy McHenry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 10	Transaction ID: 9862859 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">11000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Michael Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

Transaction ID: 9862860
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
House Conservatives Fund

Mailing Address PO Box 2752

City Washington State DC Zip Code 20013

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9862861
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

5000.00

C.

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: 9862862
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862878 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Growth and Prosperity PAC <hr/> Mailing Address 1200 Trinity Drive <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Growth and Prosperity PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Friends Of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

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

A.	Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 631-B Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 011 Candidate Name The Freedom Project Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9862881 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee <hr/> Mailing Address PO Box 54175 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Randy R. Neugebauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 19	Transaction ID: 9862882 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Lincoln PAC <hr/> Mailing Address PO BOX A3968 <hr/> City Chicago State IL Zip Code 60690 <hr/> Purpose of Disbursement 011 Candidate Name Lincoln PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9862884 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">11000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Canseco For Congress <hr/> Mailing Address 10004 Wurzbach Road #366 <hr/> City San Antonio State TX Zip Code 78230 Purpose of Disbursement <hr/> 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Scott Garrett For Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 Purpose of Disbursement <hr/> Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 9862900 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Westmoreland For Congress <hr/> Mailing Address P.O. Box 458 <hr/> City State Zip Code Sharpsburg GA 30277 Purpose of Disbursement <hr/> Candidate Name Rep. Lynn A. Westmoreland <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Judy Biggert For Congress <hr/> Mailing Address P.O. Box 637 <hr/> City State Zip Code Hinsdale IL 60522 Purpose of Disbursement <hr/> Candidate Name Rep. Judy Biggert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862902 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCOTT PAC <hr/> Mailing Address 264 N. Lumpkin Street #202 <hr/> City State Zip Code Athens GA 30601 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9862903 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Friends Of Connie Mack

Transaction ID: 9862904
Date of Disbursement

Mailing Address P.O. Box 519

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

City State Zip Code
Naples FL 34106

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Connie Mack, IV

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: FL District: 14

B.

Full Name (Last, First, Middle Initial)
Pete PAC

Transaction ID: 9862906
Date of Disbursement

Mailing Address P.O. Box 38585

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

City State Zip Code
Dallas TX 75238

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
JEBFund

Transaction ID: 9862908
Date of Disbursement

Mailing Address 7315 Wisconsin Avenue, Suite 310 E

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

City State Zip Code
Bethesda MD 20814

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011

Category/
Type

Candidate Name
JEBFund

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

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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)

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

A.

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

Mailing Address PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas P. Latham

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 04

Transaction ID: 9862910
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Wicker For Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Roger Wicker

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District:

Transaction ID: 9862911
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
Joe Walsh For Congress Committee, Inc.

Mailing Address 830 W. Route 22 -Box 56

City Lake Zurich State IL Zip Code 60047

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Joe Walsh

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Transaction ID: 9862913
Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tim Scott For Congress	Transaction ID: 9862915 Date of Disbursement																			
	Mailing Address 1405 Ashley River Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	3	/	2	0	1	1												
	City Charleston State SC Zip Code 29407	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Mr. Timothy Scott	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Conaway For Congress	Transaction ID: 9862916 Date of Disbursement																			
	Mailing Address PO Box 51272	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	3	/	2	0	1	1												
	City Midland State TX Zip Code 79710	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Michael K. Conaway	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 9862917 Date of Disbursement																			
	Mailing Address 120 Maryland Ave NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	3	/	2	0	1	1												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>18000.00</td></tr></table>	18000.00
18000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Friends Of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Jack Kingston

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9862959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Jeb Hensarling

Office Sought: House Senate President
State: TX District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9862988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

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

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Michael Avery Ross

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9862989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Tom Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement 011 Category/Type

Candidate Name Tom Price

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: GA District: 06

Transaction ID: 9864701
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Jesse Jackson Jr For Congress

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Jesse Jackson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: IL District: 02

Transaction ID: 9874320
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

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

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Tim Walberg

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 07

Transaction ID: 9874321
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Brad Sherman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 27

Transaction ID: 9874322

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Transaction ID: 9874324

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Conservative Principles PAC

Mailing Address P.O. Box 100

City Early State IA Zip Code 50535

Purpose of Disbursement

011
Category/
Type

Candidate Name
Conservative Principles PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9874325

Date of Disbursement

03 / 09 / 2011

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

A.	Full Name (Last, First, Middle Initial) Bachus For Congress Committee	Transaction ID: 9874327 Date of Disbursement																			
	Mailing Address P.O. Box 131134	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
	City Birmingham State AL Zip Code 35213	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Void - Bachus For Congress Committee	<table border="1"><tr><td>-1000.00</td></tr></table>	-1000.00																		
-1000.00																					
	Candidate Name Rep. Spencer Thomas Bachus, III	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Void - Bachus For Congress Committee																			

B.	Full Name (Last, First, Middle Initial) Pioneer PAC	Transaction ID: 9874328 Date of Disbursement																			
	Mailing Address 217 Third Street, SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Void - Pioneer PAC	<table border="1"><tr><td>-5000.00</td></tr></table>	-5000.00																		
-5000.00																					
	Candidate Name	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Void - Pioneer PAC																			

C.	Full Name (Last, First, Middle Initial) Pioneer PAC	Transaction ID: 9874329 Date of Disbursement																			
	Mailing Address 217 Third Street, SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>-1000.00</td></tr></table>	-1000.00
-1000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Bachus For Congress Committee <hr/> Mailing Address P.O. Box 131134 <hr/> City Birmingham State AL Zip Code 35213 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Spencer Thomas Bachus, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06	Transaction ID: 9874330 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee <hr/> Mailing Address 425 Second Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9892405 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">15000.00</div>
C.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC <hr/> Mailing Address 1220 L Street, NW, Suite 100-263 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Republican Main Street Partnership PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9906964 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">21000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BRIDGE PAC <hr/> Mailing Address 499 S. Capitol Street, SW Ste 422 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name BRIDGE PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 9906965 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012

B. Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 8 <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	Transaction ID: 9906966 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012

C. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund <hr/> Mailing Address 715 Jones Street, Suite 101 <hr/> City Fort Worth State TX Zip Code 76102 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kay Granger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Transaction ID: 9906967 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Snowe For Senate <hr/> Mailing Address PO Box 2006 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Olympia J. Snowe <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 9906968 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 011 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9906969 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Mccotter Congressional Committee <hr/> Mailing Address PO Box 530788 <hr/> City Livonia State MI Zip Code 48153 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Thaddeus G. McCotter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 11	Transaction ID: 9906970 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 12</p>	<p>Transaction ID: 9906971 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Pearce For Congress</p> <p>Mailing Address P.O. Box 2696</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Stevan E. Pearce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NM District: 02</p>	<p>Transaction ID: 9906972 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 04</p>	<p>Transaction ID: 9906973 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</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)

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

A.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress	Transaction ID: 9906974 Date of Disbursement 03 / 23 / 2011
	Mailing Address PO Box 12667	Amount of Each Disbursement this Period 5000.00
	City Bakersfield State CA Zip Code 93389	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATPAC	Transaction ID: 9906975 Date of Disbursement 03 / 23 / 2011
	Mailing Address 610 S. Boulevard Street	Amount of Each Disbursement this Period 1000.00
	City Tampa State FL Zip Code 33606	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Jack Kingston	Transaction ID: 9906991 Date of Disbursement 03 / 23 / 2011
	Mailing Address PO Box 2133	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jack Kingston	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 700 13th Street, Nw Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: 9906993 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Re-Elect Tim Griffin For Congress Committee <hr/> Mailing Address P.O. Box 7526 <hr/> City Little Rock State AR Zip Code 72217 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Tim Griffin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 02	Transaction ID: 9906994 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Dan Burton For Congress Committee <hr/> Mailing Address P.O. Box 50593 <hr/> City Indianapolis State IN Zip Code 46250 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Dan Burton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 05	Transaction ID: 9906998 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">6000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 114

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Latham For Congress		Transaction ID: 9906999	
	Mailing Address PO Box 71		Date of Disbursement 03 / 23 / 2011	
	City Clarion	State IA	Zip Code 50525	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Thomas P. Latham		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 04				
B.	Full Name (Last, First, Middle Initial) Peters For Congress		Transaction ID: 9907000	
	Mailing Address PO Box 226		Date of Disbursement 03 / 23 / 2011	
	City Bloomfield Hills	State MI	Zip Code 48303	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Gary C. Peters		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 09				
C.	Full Name (Last, First, Middle Initial) Westmoreland For Congress		Transaction ID: 9907001	
	Mailing Address P.O. Box 458		Date of Disbursement 03 / 23 / 2011	
	City Sharpsburg	State GA	Zip Code 30277	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Lynn A. Westmoreland		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 03				

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 9907002 Date of Disbursement 03 / 23 / 2011
	Mailing Address 209 Pennsylvania Ave, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 9907006 Date of Disbursement 03 / 23 / 2011
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 3000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Ben Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NE District:	

C.	Full Name (Last, First, Middle Initial) Blue Dog PAC	Transaction ID: 9907008 Date of Disbursement 03 / 23 / 2011
	Mailing Address 209 Pennsylvania Ave, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Blue Dog PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
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)

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

A.

Full Name (Last, First, Middle Initial)
Austin Scott For Congress Inc

Mailing Address PO Box 27750

City Macon State GA Zip Code 31221

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. James Scott

Office Sought: House Senate President
State: GA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9918791
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Timothy Huelskamp

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9918792
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Votetipton.Com

Mailing Address PO Box 9949

City Denver State CO Zip Code 80209

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Scott R. Tipton

Office Sought: House Senate President
State: CO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9918793
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Southerland For Congress <hr/> Mailing Address PO Box 1692 <hr/> City Lynn Haven State FL Zip Code 32444 Purpose of Disbursement <hr/> Candidate Name Rep. Steve Southerland, II <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918794 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Chris Gibson For Congress <hr/> Mailing Address PO Box 247 <hr/> City Kinderhook State NY Zip Code 12106 Purpose of Disbursement <hr/> Candidate Name Rep. Chris Gibson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918795 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Steve Fincher For Congress <hr/> Mailing Address PO Box 11153 <hr/> City Jackson State TN Zip Code 38308 Purpose of Disbursement <hr/> Candidate Name Rep. Stephen Lee Fincher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918796 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

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)

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

A. Full Name (Last, First, Middle Initial) Ribble For Congress <hr/> Mailing Address PO Box 7200 <hr/> City Appleton State WI Zip Code 54912 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Reid J. Ribble <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918797 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Pat Meehan For Congress <hr/> Mailing Address 50 S. Providence Road <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Patrick Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918798 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1
Amount of Each Disbursement this Period 5000.00		
011 Category/ Type	Transaction ID: 9918799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1	
Amount of Each Disbursement this Period 5000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Lou Barletta For Congress <hr/> Mailing Address P.O. Box 128 <hr/> City Hazleton State PA Zip Code 18201 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lou Barletta <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9918799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 1
Amount of Each Disbursement this Period 5000.00		
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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Elect Blake Farenthold Committee		Transaction ID: 9918800	
	Mailing Address P.O. Box 3369		Date of Disbursement 03 / 26 / 2011	
	City Corpus Christi	State TX	Zip Code 78463	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Blake Farenthold		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 27				
B.	Full Name (Last, First, Middle Initial) Womack For Congress Committee		Transaction ID: 9918801	
	Mailing Address PO Box 508		Date of Disbursement 03 / 26 / 2011	
	City Rogers	State AR	Zip Code 72757	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Steve Womack		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 03				
C.	Full Name (Last, First, Middle Initial) Martha Roby For Congress		Transaction ID: 9918802	
	Mailing Address PO Box 195		Date of Disbursement 03 / 26 / 2011	
	City Montgomery	State AL	Zip Code 36101	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Martha Roby		Disbursement For: 2012		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 02				

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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)

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

A. Full Name (Last, First, Middle Initial)
Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City State Zip Code
Dunn NC 28335

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Renee Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 02

Transaction ID: 9918803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Vicky Hartzler For Congress

Mailing Address P.O. Box 415004

City State Zip Code
Kansas City MO 64141

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Vicky Hartzler

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 04

Transaction ID: 9918804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Kristi For Congress

Mailing Address PO Box 852

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Kristi Noem

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SD District: 01

Transaction ID: 9918805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 9918806 Date of Disbursement																			
	Mailing Address PO Box 1437	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	1												
	City State Zip Code Gallatin TN 37066	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Diane Black	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Stutzman For Congress	Transaction ID: 9929688 Date of Disbursement																			
	Mailing Address 0250 W 600 N	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	1												
	City State Zip Code Howe IN 46746	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Marlin Stutzman	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 9930080 Date of Disbursement																			
	Mailing Address 430 South Capitol Street SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
	City State Zip Code Washington DC 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00																		
15000.00																					
	Candidate Name Democratic Congressional Campaign Committee	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>17000.00</td></tr></table>	17000.00
17000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Schock For Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Aaron Schock <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930081 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Buckeye Liberty PAC <hr/> Mailing Address 701 8th Street, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 5000.00	
011 Category/ Type	Transaction ID: 9930083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 2000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Geoff Davis For Congress <hr/> Mailing Address PO Box 17192 <hr/> City Ft Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Geoff Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 2000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Blaine For Congress 2012 <hr/> Mailing Address PO BOX 1526 <hr/> City Columbia State MO Zip Code 65205 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. W Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930084 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Dan Boren for Congress <hr/> Mailing Address P.O. Box 1924 <hr/> City Muskogee State OK Zip Code 74401 <hr/> Purpose of Disbursement <hr/> Candidate Name Dan Boren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 9930086 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden <hr/> Mailing Address 18 North Second Street, Box 37 <hr/> City Saint Clair State PA Zip Code 17970 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Tim Holden <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930086 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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

A. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: FL District: 20

Transaction ID: 9930087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Joe Walsh For Congress Committee, Inc.

Mailing Address 830 W. Route 22 -Box 56

City State Zip Code
Lake Zurich IL 60047

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Joe Walsh

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: IL District: 08

Transaction ID: 9930088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Stivers For Congress

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. Steve Stivers

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: OH District: 15

Transaction ID: 9930089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 560 9th Street

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Michael G. Grimm

Office Sought: House Senate President
State: NY District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. 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 Rep. Robert J. Dold

Office Sought: House Senate President
State: IL District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930091

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Canseco For Congress

Mailing Address 10004 Wurzbach Road #366

City San Antonio State TX Zip Code 78230

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. Francisco Canseco

Office Sought: House Senate President
State: TX District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 114

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dold For Congress</p> <p>Mailing Address PO Box 8145</p> <p>City Northfield State IL Zip Code 60093</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Robert J. Dold</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 10</p>	<p>Transaction ID: 9930304 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Duffy For Congress</p> <p>Mailing Address PO Box 538</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement 011 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 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WI District: 07</p>	<p>Transaction ID: 9930305 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fitzpatrick For Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael G. Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 08</p>	<p>Transaction ID: 9930306 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 560 9th Street

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Michael G. Grimm

Office Sought: House Senate President
State: NY District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends Of Nan Hayworth

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement 011 Category/Type

Candidate Name Ms. Nan Hayworth

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Huizenga For Congress

Mailing Address 441 William Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. William Huizenga

Office Sought: House Senate President
State: MI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 9930315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 8 <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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Pearce For Congress <hr/> Mailing Address P.O. Box 2696 <hr/> City Hobbs State NM Zip Code 88241 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Stevan E. Pearce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 9930318 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
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 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9930318 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

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

A.	Full Name (Last, First, Middle Initial) Jim Renacci For Congress	Transaction ID: 9930326 Date of Disbursement 03 / 30 / 2011
	Mailing Address 150 Smokerise Drive	Amount of Each Disbursement this Period 1000.00
	City Wadsworth State OH Zip Code 44281	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jim Renacci	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Schweikert For Congress	Transaction ID: 9930327 Date of Disbursement 03 / 30 / 2011
	Mailing Address 8776 E Shea Blvd, Suite B3a-626	Amount of Each Disbursement this Period 1000.00
	City Scottsdale State AZ Zip Code 85260	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David Schweikert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Frank Giunta	Transaction ID: 9930333 Date of Disbursement 03 / 30 / 2011
	Mailing Address P.O. Box 877	Amount of Each Disbursement this Period 2000.00
	City Manchester State NH Zip Code 03105	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Frank Giunta	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 114

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chris Gibson For Congress</p> <p>Mailing Address PO Box 247</p> <p>City Kinderhook State NY Zip Code 12106</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Chris Gibson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 20</p>	<p>Transaction ID: 9930336</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Heath Shuler For Congress</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Heath Shuler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 11</p>	<p>Transaction ID: 9934801</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Bill Posey</p> <p>Mailing Address P. O. Box 360877</p> <p>City Melbourne State FL Zip Code 32936</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 04</p>	<p>Transaction ID: 9934802</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</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 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)

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9906954 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 4.95
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE
B. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9906956 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 904.52
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9906957 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 202.47
	Category/ Type 001
	CREDIT CARD PROCESSING CH- ARGE

SUBTOTAL of Disbursements This Page (optional) ▶

1111.94

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 114 / 114

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

A. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9906962 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2011
	Amount of Each Disbursement this Period 104.35 <hr/> CREDIT CARD PROCESSING CHARGE
B. Full Name (Last, First, Middle Initial) Paypal Inc. <hr/> Mailing Address 1840 Embarcadero Rd <hr/> City Palo Alto State CA Zip Code 94303 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9906963 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2011
	Amount of Each Disbursement this Period 89.90 <hr/> CREDIT CARD PROCESSING CHARGE

SUBTOTAL of Disbursements This Page (optional)	▶	194.25
TOTAL This Period (last page this line number only)	▶	1306.19