

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
The Council of Insurance Agents & Brokers Political Action Committee

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

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

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 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4) X, May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer Ken A. Crerar [Electronically Filed] Date 05 / 23 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="282662.06"/>	<input type="text" value="282662.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="997420.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="145790.81"/>	<input type="text" value="994119.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1143211.17"/>	<input type="text" value="1276781.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="248813.53"/>	<input type="text" value="382383.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="894397.64"/>	<input type="text" value="894397.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	128244.53	260334.39
(ii) Unitemized	12546.28	28785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	140790.81	289119.39
(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)	140790.81	289119.39
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	700000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
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 Transfers (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))..... ▶	145790.81	994119.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	145790.81	994119.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	2813.53	7383.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2813.53	7383.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	246000.00	375000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	248813.53	382383.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	248813.53	382383.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	140790.81	289119.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140790.81	289119.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2813.53	7383.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	700000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2813.53	-692616.19

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Updated January 1, 2016 balance to reflect change made on the year end filing.

Form/Schedule:

Transaction ID:

**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 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr. Stanley D Loar
 Full Name (Last, First, Middle Initial)
 Mailing Address 6351 Nicasio Valley
 PO Box 732
 City Nicasio State CA Zip Code 94946-0732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244289
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mr. Craig S Horner
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Hawkshead Road
 City Lutherville State MD Zip Code 21093-7019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelly & Associates Insurance Group Inc Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244290
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mr. David L Eslick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Arrow Tree Dr.
 City Briarcliff Manor State NY Zip Code 10510-2260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marsh & McLennan Agency Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244291
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Charles R Shoemaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4034 Fallwood Ct
 City Pleasanton State CA Zip Code 94588-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 16 / 2016
Transaction ID : 39244292
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Timothy W Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Foothill Rd.
 City Ojai State CA Zip Code 93023-9411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McAuley Woods & Associates (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 39244293
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mr. Dane O Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 S 200 W
 City Cedar City State UT Zip Code 84720-3375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 14 / 2016
Transaction ID : 39244295
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 9 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Ms. Alycia M Kiley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5149 38th Street N
 City Arlington State VA Zip Code 22207-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244296
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Ms. Alma Franzoy-Capron
 Full Name (Last, First, Middle Initial)
 Mailing Address HC 31 Box 200
 City Hatch State NM Zip Code 87937-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : 39244299
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ms. Linda M Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 14901 Trinidad Dr
 City Rancho Murieta State CA Zip Code 95683-9449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff Sawyer & Co. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244302
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 10 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Jeff Tuisl
 Mailing Address 1750 E Golf Rd Ste 1100
 City State Zip Code
 Schaumburg IL 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Assurance Agency, Ltd. (HQ) Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244304
 Amount of Each Receipt this Period
 1000.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Walter R Fawcett III
 Mailing Address 310 Macalpin Ct
 City State Zip Code
 Barrington IL 60010-6426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Plexus Groupe LLC (HQ) Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244306
 Amount of Each Receipt this Period
 416.68
 Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Mitchell C Andrews
 Mailing Address 28 Hidden Brook Dr
 City State Zip Code
 North Barrington IL 60010-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plexus Groupe LLC (HQ), The Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 635.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244307
 Amount of Each Receipt this Period
 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1625.02
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Jonathon Bone
 Full Name (Last, First, Middle Initial)
 Mailing Address 3372 McGraw Ln
 City Lafayette State CA Zip Code 94549-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beere & Purves Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 39244309
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Mr. Scott C Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2845 Deer Leap Ln
 City York State PA Zip Code 17403-9579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glatfelter Agency, The Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 39244310
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Francis X Kelly III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Scotts Knoll Court
 City Lutherville State MD Zip Code 21093-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelly & Associates Insurance Group Inc Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 39244311
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ms. Debra Costa

Mailing Address 101 2nd St
Suite 120

City State Zip Code
Petaluma CA 94952-7411

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

Name of Employer Occupation
Heffernan Group Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016
Transaction ID : 39244312

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Elizabeth A Bishop

Mailing Address 697 Andrew Ct

City State Zip Code
Benicia CA 94510-3942

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

Name of Employer Occupation
Heffernan Group Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016
Transaction ID : 39244313

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Joseph Callister

Mailing Address 1442 N Fairway Dr

City State Zip Code
Cedar City UT 84721

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2016
Transaction ID : 39244319

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1252.00
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 13 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Justin Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460B O'Brien Drive
 City Menlo Park State CA Zip Code 94025-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244351
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Jordann Coleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Carlback Ave
 City Walnut Creek State CA Zip Code 94596-7299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244352
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. John Vipiana
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Spear Street Suite 550
 City San Francisco State CA Zip Code 94105-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244353
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 14 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Bob Zimmerman
Full Name (Last, First, Middle Initial)
Mailing Address 1460B O'Brien Drive
City Menlo Park State CA Zip Code 94025-1432
FEC ID number of contributing federal political committee. **C**
Name of Employer Heffernan Group Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 39244356
Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Chuck Ott
Full Name (Last, First, Middle Initial)
Mailing Address 1460B O'Brien Drive
City Menlo Park State CA Zip Code 94025-1432
FEC ID number of contributing federal political committee. **C**
Name of Employer Heffernan Group Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 39244358
Amount of Each Receipt this Period 400.00
 Memo Item

C. Larry Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 16141 Swingley Ridge Road Suite 100
City Chesterfield State MO Zip Code 63017-1778
FEC ID number of contributing federal political committee. **C**
Name of Employer Heffernan Group Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2016
Transaction ID : 39244359
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Brenda Grootendorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Carlback Ave
 City Walnut Creek State CA Zip Code 94596-7299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : 39244366
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Brian F Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 21805 Field Parkway, Suite 300
 City Deer Park State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244367
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Mr. Rick Fielding
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 Casto Lane
 City Salt Lake City State UT Zip Code 84117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group Insurance Advisors Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : 39244372
 Amount of Each Receipt this Period
 99.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	433.39
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 16 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Jeff Kluge
 Full Name (Last, First, Middle Initial)
 Mailing Address 5955 Mountain Ranch Dr
 City Park City State UT Zip Code 84098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group of Wasatch-Summit Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **242.31**

Date of Receipt **03 / 14 / 2016**
Transaction ID : 39244378
 Amount of Each Receipt this Period **80.77**
 Memo Item

B. Mr. Scott Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 S 400 E Suite 300
 City Salt Lake City State UT Zip Code 84111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GBS Benefits, Inc. (Leavitt) Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **241.65**

Date of Receipt **03 / 14 / 2016**
Transaction ID : 39244385
 Amount of Each Receipt this Period **80.55**
 Memo Item

C. Mr. Johnny R Pitts
 Full Name (Last, First, Middle Initial)
 Mailing Address 3970 Grandview Ave
 City Memphis State TN Zip Code 38111-7610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : 39244506
 Amount of Each Receipt this Period **5000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5161.32
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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Michael F Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 Banbury Lane
 City Oklahoma City State OK Zip Code 73170-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSURICA (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244507
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Richard M McKinley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1915 Elmhurst Dr
 City Germantown State TN Zip Code 38138-2771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : 39244508
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Mike Heffernan
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 653
 City San Ramon State CA Zip Code 94583-0653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : 39244512
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. John R Prichard Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Virginia Ln
 City Alamo State CA Zip Code 94507-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2016
Transaction ID : 39244513
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mr. Dan Sebastiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Carlback Ave
 City Walnut Creek State CA Zip Code 94596-7299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2016
Transaction ID : 39244515
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Mr. Brett Cutchin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9916 Legends Dr
 City Germantown State TN Zip Code 38139-6979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : 39244519
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Anthony Chimino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1172 Gloucester Rd
 City Woodridge State IL Zip Code 60517-7563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244521
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Mr. Perry Bump
 Full Name (Last, First, Middle Initial)
 Mailing Address 26W460 Churchill Road
 City Winfield State IL Zip Code 60190-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244523
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Mr. Mike Atieh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244534
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10500.00
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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Marty Butler
Full Name (Last, First, Middle Initial)

Mailing Address 1750 E Golf Rd
Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2016
Transaction ID : 39244535

Amount of Each Receipt this Period
250.00

Memo Item

B. Mr. Jeff Friedrich
Full Name (Last, First, Middle Initial)

Mailing Address 1750 E Golf Rd
Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2016
Transaction ID : 39244536

Amount of Each Receipt this Period
500.00

Memo Item

C. Mr. Doug Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg State IL Zip Code 60173-5067

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

Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2016
Transaction ID : 39244537

Amount of Each Receipt this Period
250.00

Memo Item

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 21 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Kevin Schoonhoven
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Pringle Ave, Ste 550
 City Walnut Creek State CA Zip Code 94596-7369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244538
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mr. Daniel Klaras
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244561
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. John Storto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244562
 Amount of Each Receipt this Period
 500.00
 Memo Item

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: (check only one)	PAGE 22 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Mathew W Lipscomb III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Baldwin Road
 City Lake Cormorant State MS Zip Code 38641-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lipscomb & Pitts Insurance, LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : 39244570
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Mr. Josh Fagin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1471 Nesbit Ct.
 City San Jose State CA Zip Code 95120-3850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2016
Transaction ID : 39244607
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mr. Jonathan Trapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 04 / 2016
Transaction ID : 39244616
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 23 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mark Herring
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 S.W. Macadam Suite 440
 City Portland State OR Zip Code 97239-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Heffernan Group Occupation: Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -250.00

Date of Receipt: 03 / 09 / 2016
Transaction ID : 39244619
 Amount of Each Receipt this Period: -250.00
 Memo Item

B. Mark Herring
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 S.W. Macadam Suite 440
 City Portland State OR Zip Code 97239-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Heffernan Group Occupation: Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 03 / 09 / 2016
Transaction ID : 39244620
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Mark Herring
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 S.W. Macadam Suite 440
 City Portland State OR Zip Code 97239-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Heffernan Group Occupation: Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2016
Transaction ID : 39244621
 Amount of Each Receipt this Period: 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Elizabeth R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 S. Bruner Street
 City Hinsdale State IL Zip Code 60521-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244635
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Mr. Brian Billhartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 16100 Swingley Ridge Road Ste 250
 City Twn And Cntry State MO Zip Code 63017-1788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : 39244642
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Steven C Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Mart Drive
 City Little Rock State AR Zip Code 72202-1881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSURICA (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244643
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Martin A Koehler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244655
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. John D Rutledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244669
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Edward McConnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39244670
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. William H Lacey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5321 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5506
 FEC ID number of contributing federal political committee. C
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 499.88

Date of Receipt 03 / 04 / 2016
Transaction ID : 39303875
 Amount of Each Receipt this Period 166.68
 Memo Item

B. Mr. Matthew Boray
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 W28925 Fishers Landing
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. C
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39303877
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Mr. Michael R Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 364 Prospect Avenue
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. C
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39303881
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.36
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 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms. Mary Beth B Basel
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39303882
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Mr. Jared Pope
 Full Name (Last, First, Middle Initial)
 Mailing Address 6125 Penrose
 City Dallas State TX Zip Code 75214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plexus Groupe LLC, The Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39303887
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Ms. Allison Winge
 Full Name (Last, First, Middle Initial)
 Mailing Address 21805 Field Parkway, Suite 300
 City Deer Park State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39303895
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Paula J Karchner
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 Lee Drive
 City Gettysburg State PA Zip Code 17325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **226.16**

Date of Receipt **03 / 01 / 2016**
Transaction ID : 39355236
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Ms. Paula J Karchner
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 Lee Drive
 City Gettysburg State PA Zip Code 17325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **267.82**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 39355237
 Amount of Each Receipt this Period **41.66**
 Memo Item

C. Mr. Dane O Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 S 200 W
 City Cedar City State UT Zip Code 84720-3375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : 39355241
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.32
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 29 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Kirk P Christ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1192 Chisolm Trail Dr
 City Diamond Bar State CA Zip Code 91765-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International of California Insura Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355242
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Roy H Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Ravenswood Ln
 City Riverside State CA Zip Code 92506-5541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International of California Insura Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355243
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Ms. Elizabeth McDaid
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Pennsylvania Ave NW Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 03 / 01 / 2016
Transaction ID : 39355244
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Elizabeth McDaid
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Pennsylvania Ave NW
 Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355245
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ms. Alma Franzoy-Capron
 Full Name (Last, First, Middle Initial)
 Mailing Address HC 31 Box 200
 City Hatch State NM Zip Code 87937-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leavitt Group Southwest, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355250
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mr. Robert P Foote
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 NE 34th Ct
 City Lighthouse Point State FL Zip Code 33064-8148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frank H. Furman, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355267
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Walter R Fawcett III
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Macalpin Ct
 City Barrington State IL Zip Code 60010-6426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Plexus Groupe LLC (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.56

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355268
 Amount of Each Receipt this Period 416.68
 Memo Item

B. Mr. Mitchell C Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Hidden Brook Dr
 City North Barrington State IL Zip Code 60010-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Plexus Groupe LLC (HQ), The Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 844.30

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355269
 Amount of Each Receipt this Period 208.34
 Memo Item

C. Mr. William H Lacey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5321 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Plexus Groupe LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.56

Date of Receipt 03 / 31 / 2016
Transaction ID : 39355270
 Amount of Each Receipt this Period 166.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Ms. Cynthia J Bowman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1360 E 9th St
 Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355279
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. Mr. Michael L Waybright
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 California Ave
 City Lorain State OH Zip Code 44052-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oswald Companies (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355284
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Mr. Joseph Callister
 Full Name (Last, First, Middle Initial)
 Mailing Address 1442 N Fairway Dr
 City Cedar City State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Leavitt Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355292
 Amount of Each Receipt this Period
 2.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	172.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Michael R Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 364 Prospect Avenue
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plexus Groupe LLC (HQ), The Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355322
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Ms. Catherine S Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 N Overlook Dr
 City State Zip Code
 Alexandria VA 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Council of Insurance Agents and Broker Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 236.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355336
 Amount of Each Receipt this Period
 41.66
 Memo Item

C. Mr. Jared Pope
 Full Name (Last, First, Middle Initial)
 Mailing Address 6125 Penrose
 City State Zip Code
 Dallas TX 75214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plexus Groupe LLC, The Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355360
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Brian F Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 21805 Field Parkway, Suite 300
 City State Zip Code
 Deer Park IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plexus Groupe LLC (HQ), The Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : 39355364
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Mr. Charles R Daniels III
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 637
 City State Zip Code
 Pawling NY 12564-0637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rose & Kiernan, Inc. (HQ) Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : 39357209
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Mr. Ken A Crerar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Klinge St NW
 City State Zip Code
 Washington DC 20016-3578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Council of Insurance Agents and Broker Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : 39357210
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7584.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Robert Bentley
Full Name (Last, First, Middle Initial)
Mailing Address 7403 Park Ridge
City Amarillo State TX Zip Code 79119-6419
FEC ID number of contributing federal political committee. **C**
Name of Employer Upshaw Insurance Agency, Inc. (HQ) Occupation Insurance Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 39357211
Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Joel Wood
Full Name (Last, First, Middle Initial)
Mailing Address 2208 Windsor Rd
City Alexandria State VA Zip Code 22307-1018
FEC ID number of contributing federal political committee. **C**
Name of Employer Council of Insurance Agents and Broker Occupation Insurance Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : 39357212
Amount of Each Receipt this Period 5000.00
 Memo Item

C. Mr. Kenneth D Kirk
Full Name (Last, First, Middle Initial)
Mailing Address 3104 E. Camelback Road
City Phoenix State AZ Zip Code 85016
FEC ID number of contributing federal political committee. **C**
Name of Employer Broadstreet Partners, Inc. Occupation Insurance Broker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 39357213
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **6500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Steven S Azevedo
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Eagle Ridge Circle
 City Folsom State CA Zip Code 95630-6241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357214
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Marc Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Peach Dr
 City Roslyn State NY Zip Code 11576-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International, Ltd. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 39357215
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. J. Martin Brayboy
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Whetstone Rd
 City Harwinton State CT Zip Code 06791-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rose & Kiernan, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 39357217
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Michael E Victorson
 Full Name (Last, First, Middle Initial)
 Mailing Address 349 Medinah St.
 City Oregon State WI Zip Code 53575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 04 / 2016**
Transaction ID : 39357218
 Amount of Each Receipt this Period **83.34**
 Memo Item

B. Mr. Don Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Spear Street Suite 550
 City San Francisco State CA Zip Code 94105-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 22 / 2016**
Transaction ID : 39357219
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Mr. Steven L Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Hemsted DR STE 200
 City Redding State CA Zip Code 96002-0935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 39357222
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Michael S Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Goldenrod Ct
 City State Zip Code
 Kiawah Island SC 29455-5758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hub International New England Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357225
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Mark Munekawa
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 California Street
 Floor 12
 City State Zip Code
 San Francisco CA 94111-4646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Woodruff-Sawyer & Company (HQ) Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357226
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. John F Shea
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Saint Helena Ave
 City State Zip Code
 Santa Rosa CA 95404-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heffernan Group (HQ) Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : 39357229
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 39 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Mr. Jeff Burton
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 N Classen Blvd
 Suite 300
 City Oklahoma City State OK Zip Code 73118-4433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INSURICA (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 39357230
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ms. Cari Zieske
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 39357231
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Greg Scoville
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357232
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Jim Bulotti Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3636 American River Drive
2nd Floor

City Sacramento State CA Zip Code 95864-5950

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

Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357233

Amount of Each Receipt this Period 1000.00

Memo Item

B. Ms. Christine M Kenyon
Full Name (Last, First, Middle Initial)

Mailing Address 828 John Nolen Drive

City Madison State WI Zip Code 53713

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39357237

Amount of Each Receipt this Period 208.34

Memo Item

C. Mr. Raymond Koenig
Full Name (Last, First, Middle Initial)

Mailing Address 3119 Vinburn Rd

City Sun Prairie State WI Zip Code 53590

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39357238

Amount of Each Receipt this Period 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1291.68
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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Michael J Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 3113 W Beltline Hwy
 City Madison State WI Zip Code 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39357239
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Mr. James Yeager
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Coleman Road
 City Madison State WI Zip Code 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39357240
 Amount of Each Receipt this Period
 83.34
 Memo Item

C. Mr. Gerald J Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3113 W Beltline Hwy
 City Madison State WI Zip Code 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39357241
 Amount of Each Receipt this Period
 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.02
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 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Sean LaBorde
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Autumn Circle
 City State Zip Code
 Mt. Horeb WI 53572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M3 Insurance Solutions, Inc. Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39357245
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Mr. Bradley Niebuhr
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Pine View Drive
 City State Zip Code
 Madison WI 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 M3 Insurance Solutions, Inc. Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : 39357246
 Amount of Each Receipt this Period
 83.34
 Memo Item

C. Mr. Chip Arenchild
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City State Zip Code
 Sacramento CA 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 InterWest Insurance Services, Inc. Insurance Broker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357249
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.68
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 43 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Mr. Phil Watkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Hemsted Drive
 Suite 200
 City Redding State CA Zip Code 96002-0935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357250
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mr. John Hopkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1357 E. Larson Ave.
 City Chico State CA Zip Code 95973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357251
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Ken McKay
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 39357252
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mrs. Michele Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 39357253
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Ms. Nancy Luttenbacher
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 39357254
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Mr. Pat Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2016**
Transaction ID : 39357255
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 45 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Ms. Rose A Krepelka
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357256
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mr. Dave J Dias
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357257
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mr. Greg Clauser
 Full Name (Last, First, Middle Initial)
 Mailing Address 368 E. Yosemite Ave Suite 100
 City Merced State CA Zip Code 95340-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357258
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Mike Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 100 Pringle Ave, North Tower
Ste 550

City Walnut Creek State CA Zip Code 94596-7369

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 22 / 2016
Transaction ID : 39357259

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mr. Steve Carmassi
Full Name (Last, First, Middle Initial)

Mailing Address 100 Pringle Ave
Ste 550

City Walnut Creek State CA Zip Code 94596-7369

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 25 / 2016
Transaction ID : 39357260

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mr. Rick Harrison
Full Name (Last, First, Middle Initial)

Mailing Address 222 Court St

City Woodland State CA Zip Code 95695-3115

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

Name of Employer Blackhawke Insurance Services Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 25 / 2016
Transaction ID : 39357261

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Mark C Nickel
Full Name (Last, First, Middle Initial)

Mailing Address 269 Auburn Run

City Pittsford State NY Zip Code 14534-9557

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

Name of Employer Rose & Kiernan, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 39357263

Amount of Each Receipt this Period 250.00

Memo Item

B. Ms. Mary N Sklarski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Northridge Ln

City Lafayette State CA Zip Code 94549-3146

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

Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2016
Transaction ID : 39357264

Amount of Each Receipt this Period 1000.00

Memo Item

C. Mr. Dan Hodges
Full Name (Last, First, Middle Initial)

Mailing Address 11 Turner Drive

City Novato State CA Zip Code 94949-8420

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

Name of Employer Woodruff-Sawyer & Co. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357265

Amount of Each Receipt this Period 250.00

Memo Item

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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Robert J Kuelzow
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Long Creek Dr
 City Burnt Hills State NY Zip Code 12027-9577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rose & Kiernan, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : 39357272
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mr. Robert B Hixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 Meadow Lake Ln
 City Houston State TX Zip Code 77027-4107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John L. Wortham & Son, L.L.P. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 39357275
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mr. Andrew Forchelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6010 Fenwood Ave
 City Woodland Hills State CA Zip Code 91367-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GNW-Evergreen Insurance Services Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : 39357279
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 49 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Mike J Barone
Full Name (Last, First, Middle Initial)

Mailing Address 7865 El Paseo Grande

City La Jolla State CA Zip Code 92037-3319

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

Name of Employer Intercare Insurance Services Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357280

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address 505 South 24th Avenue

City Wausau State WI Zip Code 54401-1706

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39357282

Amount of Each Receipt this Period 83.34

Memo Item

C. Ms. Cynthia Van Asten
Full Name (Last, First, Middle Initial)

Mailing Address 480 Pilgrim Way

City Green Bay State WI Zip Code 54304-5279

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

Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt 03 / 04 / 2016
Transaction ID : 39357283

Amount of Each Receipt this Period 208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1291.68

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 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. John Healy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2896 S. Seminole Hwy. Unit 11
 City Fitchburg State WI Zip Code 53711-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 03 / 04 / 2016
Transaction ID : 39357286
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Mr. Edward Rapee III
 Full Name (Last, First, Middle Initial)
 Mailing Address Riverwood Corporate Center, Buildi
 City Waukesha State WI Zip Code 53188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3 Insurance Solutions, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 03 / 04 / 2016
Transaction ID : 39357287
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Mr. Jeffrey Hamlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Howard Street Suite 200
 City San Francisco State CA Zip Code 94105-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 39357324
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	666.68
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 51 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Scott Eckerty
 Full Name (Last, First, Middle Initial)
 Mailing Address 11654 Sabino Ct.
 City Frisco State TX Zip Code 75033-0252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International Midwest Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : 39357325
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ms. Janice Berthold
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460B O'Brien Drive
 City Menlo Park State CA Zip Code 94025-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : 39357327
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Donald Pollard
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8110
 City Chico State CA Zip Code 95927-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357343
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 52 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mr. Zac Overbay
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 California St, 12th Floor
 City San Francisco State CA Zip Code 94111-4646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Co. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : 39357349
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Derek R Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Hemsted DR STE 200
 City Redding State CA Zip Code 96002-0935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357369
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Garrett Yates
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive 2nd Floor
 City Sacramento State CA Zip Code 95864-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357370
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 53 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bruce Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357371
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ms. Lauri Floresca
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 California Street Floor 12
 City San Francisco State CA Zip Code 94111-4646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 23 / 2016
Transaction ID : 39357384
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mr. Carlos A Chinchilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 E Atlantic Blvd
 City Pompano Beach State FL Zip Code 33060-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frank H. Furman, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 39357386
 Amount of Each Receipt this Period 1000.00
 Memo Item

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: (check only one)	PAGE 54 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Matthew Bauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1357 E. Lassen Avenue
 City Chico State CA Zip Code 95973-7824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services, Inc. Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357398
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Ms. Denise Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357400
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mr. Ken Salvi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357401
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alex Kokologinnakis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357402
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Cain Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357403
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Eric Isaacson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39357404
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ryan Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 39357405
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Shawn Blofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 39357406
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mr. Steve Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 39357407
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 57 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Taryn Bacon
Full Name (Last, First, Middle Initial)

Mailing Address 3636 American River Drive
2nd Floor

City Sacramento State CA Zip Code 95864-5952

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

Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357408

Amount of Each Receipt this Period 250.00

Memo Item

B. Ms. Julie Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 189 East Lake Shore Drive
#7E

City Chicago State IL Zip Code 60611-6313

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

Name of Employer Hub International Limited (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : 39357409

Amount of Each Receipt this Period 5000.00

Memo Item

C. Mr. Jared Pelissier
Full Name (Last, First, Middle Initial)

Mailing Address 50 California Street
Floor 12

City San Francisco State CA Zip Code 94111-4646

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

Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 39357410

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Ms. Jennifer B Chung Esq
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Rodney Drive
 City San Leandro State CA Zip Code 94577-3827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 39357412
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ms. Jennifer Weathersby
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive 2nd Floor
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016
Transaction ID : 39357423
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mr. Jacob Decker
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 NW 45th Street
 City Seattle State WA Zip Code 98107-4433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodruff-Sawyer & Company (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : 39357428
 Amount of Each Receipt this Period 250.00
 Memo Item

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 59 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mr. Neil Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1357 E. Lassen Ave
 City Chico State CA Zip Code 95973-7824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer InterWest Insurance Services,LLC Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 25 / 2016
Transaction ID : 39357435
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Anthony Kocis
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Sixth Avenue 30th Floor
 City Pittsburgh State PA Zip Code 15222-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International, Pennsylvania Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 29 / 2016
Transaction ID : 39357436
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mrs. Diane Poljak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 E Golf Rd Ste 1100
 City Schaumburg State IL Zip Code 60173-5067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance Agency, Ltd. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 04 / 2016
Transaction ID : 39360546
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 OF 89
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Ms. Jennifer Mahoney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Carlback Ave
 City Walnut Creek State CA Zip Code 94596-7299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : 39360547
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mr. Jose B Carrion
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Ponce de Leon Ave.
 MCS Plaza, Suite 700
 City San Juan State PR Zip Code 00917-1955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hub International Limited (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39360552
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Mr. Brian Seamans
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 American River Drive
 City Sacramento State CA Zip Code 95864-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interwest Insurance Services, Inc. (HQ) Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : 39360553
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 OF 89
<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mrs. Amy Vitarelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Howard Street
 City San Francisco State CA Zip Code 94105-1614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heffernan Group Occupation Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : 39360555
 Amount of Each Receipt this Period
 250.00
 Memo Item

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	128244.53

**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 OF 89
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steve Israel For Congress Committee		Date of Receipt MM / DD / YYYY 03 / 18 / 2016 Transaction ID : 39361575
Mailing Address P.O. Box 1400		Amount of Each Receipt this Period 5000.00
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C C00358952	Name of Employer	Occupation
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		<input type="checkbox"/> Memo Item
		Refund of '16 General Contributions - Candidate Not Running

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANYBILL

Mailing Address PO Box 34781

City State Zip Code
Bethesda MD 20827-0781

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : 39347476

Amount of Each Disbursement this Period

236.60

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City State Zip Code
Chicago IL 60677-4001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 39347485

Amount of Each Disbursement this Period

2499.43

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Memo Item

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

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

2736.03

2736.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Void - Huizenga For Congress

011

Candidate Name

Rep. Bill Huizenga

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : 39285389

Amount of Each Disbursement this Period

-2500.00

Memo Item
Void - Huizenga For Congress

Full Name (Last, First, Middle Initial)

B. IMPACT

Mailing Address 60 East 42nd St.
Suite 437

City New York State NY Zip Code 10165

Purpose of Disbursement
Void - IMPACT

011

Candidate Name

IMPACT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 39303419

Amount of Each Disbursement this Period

-5000.00

Memo Item
Void - IMPACT

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Candidate Name

Rep. Ann Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39351675

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. George E.B. Holding

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39351679

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blaine For Congress

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39351685

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Martin T. Heinrich

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39353435

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address 1205 Prince St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39353442

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Randy Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353471

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck Congress

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph J. Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353472

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Young For Iowa, Inc.

Mailing Address PO Box 162

City State Zip Code
Van Meter IA 50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. David Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : 39353473

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : 39353479

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St Se
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : 39353480

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Kennedy III

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353481

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353482

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Himes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353483

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Category/Type

Candidate Name

Jim Himes

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353485

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe PAC

Mailing Address 50 E Street, SE Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39353486

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Bill Foster PhD

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : 39353488

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edwin Perlmutter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : 39353489

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City State Zip Code
Collingswood NJ 08108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Donald Norcross

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : 39353520

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Donnelly For Indiana

Mailing Address 1050 17th St Nw Ste 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Joe Simon Donnelly Sr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : 39355411

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Thad Cochran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355412

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City State Zip Code
Kansas City MO 64112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Emanuel Cleaver II

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355413

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City State Zip Code
Rochester NY 14603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Louise McIntosh Slaughter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355416

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer's Majority Fund

Mailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355417

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin Yoder

Office Sought: House Senate President
State: KS District: 03

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355418

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House Senate President
State: AZ District: 09

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355419

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

Grid for line numbers 21b through 30b with checkboxes. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

Date of Disbursement

Date selection grid: 03 / 16 / 2016

City Tempe State AZ Zip Code 85285

Transaction ID : 39355420

Purpose of Disbursement

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Candidate Name

Rep. Kyrsten Sinema

Memo Item checkbox

Office Sought: House, Senate, President. State: AZ District: 09

Disbursement For: 2016 Primary, General, Other (specify)

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 7905 Malcolm Road Suite 102

Date of Disbursement

Date selection grid: 03 / 16 / 2016

City Clinton State MD Zip Code 20735

Transaction ID : 39355422

Purpose of Disbursement

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Candidate Name

Steny H. Hoyer

Memo Item checkbox

Office Sought: House, Senate, President. State: MD District: 05

Disbursement For: 2016 Primary, General, Other (specify)

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

Date of Disbursement

Date selection grid: 03 / 23 / 2016

City Murphysboro State IL Zip Code 62966

Transaction ID : 39355425

Purpose of Disbursement

Category/Type grid with 011 selected

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Candidate Name

Rep. Mike Bost

Memo Item checkbox

Office Sought: House, Senate, President. State: IL District: 12

Disbursement For: 2016 Primary, General, Other (specify)

SUBTOTAL of Disbursements This Page (optional)

Amount grid showing 6000.00

TOTAL This Period (last page this line number only)

Amount grid showing 6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lobo PAC

Mailing Address PO BOX 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lobo PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39355428

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thunderbolt PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City Athens State GA Zip Code 30605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thunderbolt PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 39355430

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jon Tester

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : 39355432

Amount of Each Disbursement this Period

2500.00

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory W. Meeks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 39355433

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory W. Meeks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 39355434

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : 39355435

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wasserman Schultz Debbie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : 39355436

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address PO Box 2767

City Boone State NC Zip Code 28607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Virginia Foxx

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : 39355437

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bill Huizenga

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : 39355630

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address 1205 Prince St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

John M. Shimkus

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 39355631

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/Type

Candidate Name

Kelly Ayotte

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 39355633

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Bill Huizenga

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : 39355634

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name

Rep. Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

Transaction ID : 39355637

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. IMPACT

Mailing Address 60 East 42nd St.
Suite 437

City New York State NY Zip Code 10165

Purpose of Disbursement

011

Candidate Name

IMPACT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

Transaction ID : 39355638

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement

011

Candidate Name

Rep. Pete Aguilar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

Transaction ID : 39355639

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beatty For Congress

Mailing Address 222 East Town Street
Suite 2w

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joyce Beatty

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355640

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Beatty For Congress

Mailing Address 222 East Town Street
Suite 2w

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joyce Beatty

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39355642

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bonamici For Congress

Mailing Address PO Box 1632

City Beaverton State OR Zip Code 97075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Suzanne Bonamici

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355645

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address 499 S. Capitol St. Sw
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brendan Boyle

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355650

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andre Carson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355651

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Yvette D. Clarke

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355655

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Davis For Congress

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Susan A. Davis

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355661

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Delbene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Suzan DelBene

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355665

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Center Forward

Mailing Address 325 7th Street NW
SUITE 400

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39355670

Amount of Each Disbursement this Period

15000.00

Memo Item

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

17000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Honda For Congress

Mailing Address C/O Contribution Solutions, Llc
123 E. San Carlos Street, #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mike M. Honda

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355671

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory W. Meeks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355673

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. C.A. Dutch Ruppensberger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

Transaction ID : 39355676

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Waters

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement

011

Candidate Name

Rep. Maxine Waters

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355679

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355681

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Delbene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Candidate Name

Rep. Suzan DelBene

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39355734

Amount of Each Disbursement this Period

1000.00

Memo Item

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

21000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

Transaction ID : 39355735

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Brenda Lawrence For Congress

Mailing Address P.O. Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brenda Lawrence

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

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

Transaction ID : 39355736

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Donald M Payne Jr For Congress

Mailing Address PO Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Donald M. Payne Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

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

Transaction ID : 39355737

Amount of Each Disbursement this Period

1	0	0	.	0	0
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Memo Item

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

4	5	0	0
---	---	---	---

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

4	5	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Bobby Lee Rush

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39355739

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Frederica S. Wilson For Congress

Mailing Address 19821 Nw 2nd Avenue
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Frederica S. Wilson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : 39355740

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERIPAC

Mailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - AMERIPAC

011

Category/Type

Candidate Name

AMERIPAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : 39355741

Amount of Each Disbursement this Period

-2500.00

Memo Item
Void - AMERIPAC

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

-500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC

Mailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : 39355742

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
Void - Neugebauer Congressional Committee

011

Candidate Name

Rep. Randy R. Neugebauer

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39355743

Amount of Each Disbursement this Period

-2500.00

Memo Item

Void - Neugebauer Congressional Committee

Full Name (Last, First, Middle Initial)

C. Friends Of Dennis Ross

Mailing Address Post Office Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement

011

Candidate Name

Dennis Ross

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39355744

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 122 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39360916

Amount of Each Disbursement this Period

45000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 1st St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2016

Transaction ID : 39360919

Amount of Each Disbursement this Period

45000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address 1205 Prince St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void - Volunteers for Shimkus

011

Category/Type

Candidate Name

John M. Shimkus

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 20

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39361469

Amount of Each Disbursement this Period

-2500.00

Memo Item

Void - Volunteers for Shimkus

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

87500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Shuster for Congress Cmte

Mailing Address 606 North Imboden Street
Suite 301

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Void - Bill Shuster for Congress Cmte

011

Category/
Type

Candidate Name
Bill Shuster

Office Sought: House
 Senate
 President
State: PA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39361479

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Bill Shuster for Congress Cmte

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
Void - Neugebauer Congressional Committee

011

Category/
Type

Candidate Name
Rep. Randy R. Neugebauer

Office Sought: House
 Senate
 President
State: TX District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39361480

Amount of Each Disbursement this Period

-1000.00

Memo Item
Void - Neugebauer Congressional Committee

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address 1205 Prince St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void - Volunteers for Shimkus

011

Category/
Type

Candidate Name
John M. Shimkus

Office Sought: House
 Senate
 President
State: IL District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : 39361521

Amount of Each Disbursement this Period

-2500.00

Memo Item
Void - Volunteers for Shimkus

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

-4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 50 E Street, SE
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - Crowley for Congress

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 39361522

Amount of Each Disbursement this Period

-5000.00

Memo Item
Void - Crowley for Congress

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

-5000.00

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

246000.00
