

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

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

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

5. Covering Period 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Robert A. Rusbuldt

Signature of Treasurer Electronically Filed by Robert A. Rusbuldt Date 01 15 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		171328.98
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	202816.95									
(c) Total Receipts (from Line 19)	89628.00	832704.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	292444.95	1004033.24								
7. Total Disbursements (from Line 31)	63588.63	775176.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	228856.32	228856.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	61380.00	561844.26
(i) Itemized (use Schedule A)	28248.00	270810.00
(ii) Unitemized	89628.00	832654.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	89628.00	832654.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	50.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	89628.00	832704.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89628.00	832704.26

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	762000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3410.00
(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	3410.00
29. Other Disbursements.....	588.63	9766.92
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63588.63	775176.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63588.63	775176.92

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	89628.00	832654.26
34. Total Contribution Refunds (from Line 28(d))	0.00	3410.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89628.00	829244.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	50.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Randall Kinsling

Mailing Address 196 S Fir St

City State Zip Code
Ventura CA 93001-2842

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TWIW Insurance Services, LLC Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: 4969226

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John J. Walsh, Jr

Mailing Address PO Box 4407

City State Zip Code
Salem MA 01970-6407

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
John J Walsh Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: 4969244

Amount of Each Receipt this Period 400.00

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

Mailing Address 1300 E. 4th

City State Zip Code
North Platte NE 69101-4393

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
C.E. Smith Insurance & Financial Servi Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: 4969249

Amount of Each Receipt this Period 250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

<p>A. Full Name (Last, First, Middle Initial) Alan J. Benet</p> <p>Mailing Address 430 Center Ave</p> <p>City State Zip Code Mamaroneck NY 10543-2254</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer A. J. Benet, Inc.</p> <p>Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7</p> <p>Transaction ID: 4969250</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Joe L Strunk</p> <p>Mailing Address 10305 N. May Ave.</p> <p>City State Zip Code Oklahoma City OK 73120-2609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Alexander & Strunk Inc</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7</p> <p>Transaction ID: 4969258</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Tim Dyer</p> <p>Mailing Address 347 Washington Ave</p> <p>City State Zip Code Clarksburg WV 26301-2911</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer P.M. Long & Son, Inc. dba Dyer Insuran</p> <p>Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7</p> <p>Transaction ID: 4969277</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 8 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Connor Litton, Jr		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address PO Box 910		Transaction ID: 4969278		
	City Bluefield	State WV	Zip Code 24701-0910	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Davis, Litton, Harman Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dave Evans		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address 127 S Peyton St		Transaction ID: 4969281		
	City Alexandria	State VA	Zip Code 22314-2879	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Agents & Brokers	Occupation Senior Vice President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael S. Rifkin		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address 5299 DTC Blvd		Transaction ID: 4969289		
	City Greenwood Village	State CO	Zip Code 80111-3321	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rifkin Insurance Assocs Inc	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 9 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Eric P. Keller	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 1520 Sheridan Dr	Transaction ID: 4969303
	City State Zip Code Buffalo NY 14217-1212	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer H. R. Keller & Co., Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dan Ramsey	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 1000 NW 50th Street	Transaction ID: 4969306
	City State Zip Code Oklahoma City OK 73118-6004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Independent Insurance Agents of Oklaho Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) Robert Crull	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 3491 Shelby Ray Court	Transaction ID: 4969310
	City State Zip Code Charleston SC 29414-5838	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Anderson Insurance Associates, LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 10 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Kurt Kelley	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 25775 Oak Ridge Drive	Transaction ID: 4969314
	City State Zip Code The Woodlands TX 77380-2075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mobile Insurance Agency of Texas, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Tommy Via	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address P O Box 214	Transaction ID: 4969316
	City State Zip Code Blacksburg VA 24063-0214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Leonard L Brown Agency, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Daniel Schmidt	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 330 E Kilbourn Ave	Transaction ID: 4969317
	City State Zip Code Milwaukee WI 53202-3170	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Robertson-Ryan & Associates Inc Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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FOR LINE NUMBER: PAGE 11 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Alice M. Federenko
 Mailing Address 2932 Meadow Wood Cir
 City Anchorage State AK Zip Code 99516-2079
 Date of Receipt 12 / 12 / 2007
 Transaction ID: 4969969
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Alaska Independent Insurance Agents & Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Kenneth Kirk
 Mailing Address 2800 N Central
 City Phoenix State AZ Zip Code 85004-1007
 Date of Receipt 12 / 12 / 2007
 Transaction ID: 4969970
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Brown & Brown of Arizona, Inc. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Megan G. Colwell
 Mailing Address 220 Bush St, 7th Flr
 City San Francisco State CA Zip Code 94104-3509
 Date of Receipt 12 / 12 / 2007
 Transaction ID: 4969971
 Amount of Each Receipt this Period 250.00
 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

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

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

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FOR LINE NUMBER: PAGE 12 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Al Shank, Jr
Mailing Address 24 W. 2nd St.
City Liberal State KS Zip Code 67901-3718
FEC ID number of contributing federal political committee. **C**
Name of Employer Al Shank Insurance, Inc. Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969985
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
R. Alex Rankin
Mailing Address 137 W Muhammad Ali Blvd
City Louisville State KY Zip Code 40202-1429
FEC ID number of contributing federal political committee. **C**
Name of Employer Sterling G. Thompson Company Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969986
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Joseph P. Leahy
Mailing Address 535 Allen St
City Springfield State MA Zip Code 01118-2067
FEC ID number of contributing federal political committee. **C**
Name of Employer Leahy & Brown Insurance + Real Estate Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969989
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
John D. Massey
Mailing Address 1111 E 20th St
City State Zip Code
Scottsbluff NE 69361-2157
FEC ID number of contributing federal political committee. **C**
Name of Employer J.G. Elliott Company Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969991
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert E. Walbeck, Jr
Mailing Address 137 S Main St
City State Zip Code
Homer City PA 15748-1518
FEC ID number of contributing federal political committee. **C**
Name of Employer R E Walbeck Agency Inc Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969996
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Frank Richard
Mailing Address 342 Park Ave
City State Zip Code
Woonsocket RI 02895-5360
FEC ID number of contributing federal political committee. **C**
Name of Employer Esten & Richard Agency, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 12 / 2007
Transaction ID: 4969997
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Ben Correll		Date of Receipt
	Mailing Address 1066 Asheville Hwy		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Spartanburg	SC	29303-2635
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 4970014
Name of Employer Correll Insurance Group, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) William Paul Eaddy, Jr		Date of Receipt
	Mailing Address 1708 Graeme Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Columbia	SC	29206-4455
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 4970018
Name of Employer Adams Eaddy & Associates		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="600.00"/>	

C.	Full Name (Last, First, Middle Initial) John Brimbery		Date of Receipt
	Mailing Address 4001 E 42nd St		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Odessa	TX	79762-5931
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 4970071
Name of Employer Bogan Dunlap & Wood Insurance Agency L		Occupation Senior Chairman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Charles H. Leopold
 Mailing Address 900 N Texana St
 City Hallettsville State TX Zip Code 77964-2339
 Date of Receipt 12 / 12 / 2007
Transaction ID: 4970074
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Assurance One of Texas, LLC Leopold In Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Mark Willingham
 Mailing Address 111 S 8th St
 City Ballinger State TX Zip Code 76821-5607
 Date of Receipt 12 / 12 / 2007
Transaction ID: 4970076
 Amount of Each Receipt this Period 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willingham Insurance Agency, LLP Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial)
Troy D. Sibelius
 Mailing Address 1777 S Harrison St
 City Denver State CO Zip Code 80210-3925
 Date of Receipt 12 / 12 / 2007
Transaction ID: 4970329
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keller Lowry Insurance, Inc. Occupation Owner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Gary L. Sollars

Mailing Address 211 E 8th St

City Lawrence State KS Zip Code 66044-2717

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

Name of Employer Hilb Rogal & Hobbs of Kansas, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2007

Transaction ID: 4970332

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 2155 Louisiana Blvd., NE Suite 10100

City Albuquerque State NM Zip Code 87110-5485

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

Name of Employer Western E&O Brokers, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2007

Transaction ID: 4970337

Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey H. Greenfield

Mailing Address 112 Merrick Rd

City Lynbrook State NY Zip Code 11563-2739

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

Name of Employer N G L Group LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2007

Transaction ID: 4970340

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Richard Macrae		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 175 W Carver St		Transaction ID: 4970341
City Huntington	State NY	Zip Code 11743-3307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gundermann & Gundermann, Inc.	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Roy Vollmer		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 44 Broadway		Transaction ID: 4970344
City Greenlawn	State NY	Zip Code 11740-1316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer The Vollmer-Adair Agency Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Timothy W. Driskill		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 406 S Boulder		Transaction ID: 4970346
City Tulsa	State OK	Zip Code 74103-3869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Joe West Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Lee Ellis		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 701 First Street West		Transaction ID: 4970350
City Hampton	State SC	Zip Code 29924-3507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ellis Realty & Insurance Agency, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jack Spann		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 710 Thompson Lane		Transaction ID: 4970369
City Nashville	State TN	Zip Code 37204-3610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spann Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Greg Poehlman		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 110 Unity St		Transaction ID: 4970371
City Bellingham	State WA	Zip Code 98225-4418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Unity Group Insurance & Financial	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 2111 Plum

City Aurora State IL Zip Code 60506-3252

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

Name of Employer: Konen Insurance Agency Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1610.00

Date of Receipt: 12 / 10 / 2007

Transaction ID: 4970379

Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Kenneth M. Samson

Mailing Address 628 Academy Drive

City Northbrook State IL Zip Code 60062-2421

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

Name of Employer: Dasco Insurance Agency, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt: 12 / 10 / 2007

Transaction ID: 4970380

Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
William Ryan

Mailing Address 125 W Main St

City Maroa State IL Zip Code 61756-0649

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

Name of Employer: Stoutenborough Insurance Agency Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1314.00

Date of Receipt: 12 / 10 / 2007

Transaction ID: 4970381

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Luke F. Praxmarer

Mailing Address 25 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007-1056

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

Name of Employer
Corkill Insurance Agency Inc
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970382

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 7320 N Villa Lake Dr

City Peoria State IL Zip Code 61614-8210

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

Name of Employer
Interstate Risk Placement Inc
Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1064.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970383

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dino C. Gavanis

Mailing Address 127 N Walnut Ave

City Itasca State IL Zip Code 60143-1729

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

Name of Employer
Premier Risk Services, In-
c.
Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1824.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970384

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Philip M. Beard

Mailing Address 102 N 9th St

City State Zip Code
Mount Vernon IL 62864-4002

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

Name of Employer Occupation
Brooke Insurance dba The Insurance Sto Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 958.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970385

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 463

City State Zip Code
Edwardsville IL 62025-0463

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

Name of Employer Occupation
Southern Illinois Underwr- iters Inc Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970386

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Peter M. Casper

Mailing Address P O Box 13020

City State Zip Code
Springfield IL 62791-3020

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

Name of Employer Occupation
Wells Fargo Insurance Ser- vices Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970387

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
William J. Hooker

Mailing Address 206 E Mazon Ave

City State Zip Code
Dwight IL 60420-1136

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

Name of Employer: William J Hooker Agency, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1064.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: 4970388
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Daniel C. Kiesewetter

Mailing Address 115 E Fort St

City State Zip Code
Farmington IL 61531-1218

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

Name of Employer: Kiesewetter Insurance Agency Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 358.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: 4970390
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Gregory Sandrock

Mailing Address 107 S Main Street

City State Zip Code
Tampico IL 61283-7766

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

Name of Employer: Cornerstone Agency, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: 4970391
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Charles J. Stewart

Mailing Address 3438 N Southport

City State Zip Code
Chicago IL 60657-1420

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970393

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Thomas Walsh

Mailing Address 188 Industrial Dr

City State Zip Code
Elmhurst IL 60126-1623

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

Name of Employer Occupation
Affiliated Agencies Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970394

Amount of Each Receipt this Period
200.00

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

Mailing Address 517 N Wolf Rd

City State Zip Code
Wheeling IL 60090-3027

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

Name of Employer Occupation
The Insurance Center Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970395

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Jackie Gould		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address One Century Centre 1750 E Golf Road		Transaction ID: 4970396
City Schaumburg	State IL	Zip Code 60173-5835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Assurance Agency Ltd	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Todd C. Henricks		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 103 S Jackson St		Transaction ID: 4970397
City Cerro Gordo	State IL	Zip Code 61818-0110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Chapman-Henricks Ins Agcy Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1064.00	

C.

Full Name (Last, First, Middle Initial) Thomas G. Mollenhauer		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 23 North Lincolnway		Transaction ID: 4970399
City North Aurora	State IL	Zip Code 60542-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Pinnacle Insurance Agency, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 552 S Washington

City Naperville State IL Zip Code 60540-6658

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

Name of Employer MIC Ins Brokerage Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 10 / 2007
Transaction ID: 4970401
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dan A. Sergi

Mailing Address 225 Smith Rd

City St Charles State IL Zip Code 60174-5208

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

Name of Employer Wine Sergi & Co LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 12 / 10 / 2007
Transaction ID: 4970402
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Jason D. Cass

Mailing Address 201 S Locust St

City Centralia State IL Zip Code 62801-3508

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

Name of Employer The Insurance Partnership Agency of IL Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt 12 / 10 / 2007
Transaction ID: 4970403
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 361 S Frontage Rd

City State Zip Code
Burr Ridge IL 60527-5804

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

Name of Employer Occupation
Stewart-Keator-Kessberger & Lederer, I President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1340.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970404

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Douglas N. Whitworth

Mailing Address 415 S 17 St

City State Zip Code
Mattoon IL 61938-5201

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

Name of Employer Occupation
Gardner-Whitworth Insurance Agency, In Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2007

Transaction ID: 4970405

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
W.M. Thompson

Mailing Address 1002 Hwy 62 E

City State Zip Code
Mountain Home AR 72653-3216

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

Name of Employer Occupation
The Insurance Group LLP Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2007

Transaction ID: 4979817

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Tom Helbach		Date of Receipt MM / DD / YYYY 12 / 15 / 2007		
	Mailing Address 306 Water St		Transaction ID: 4979820		
	City Mosinee	State WI	Zip Code 54455-1458	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mosinee Insurance Agency, Inc.		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

B.	Full Name (Last, First, Middle Initial) Rick Russell		Date of Receipt MM / DD / YYYY 12 / 15 / 2007		
	Mailing Address 5050 Ritter Rd		Transaction ID: 4979821		
	City Mechanicsburg	State PA	Zip Code 17055-4879	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Insurance Agents & Brokers Service Gro		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

C.	Full Name (Last, First, Middle Initial) Steven G. Buelow		Date of Receipt MM / DD / YYYY 12 / 15 / 2007		
	Mailing Address 910 S. Main		Transaction ID: 4979825		
	City Hope	State AR	Zip Code 71801-6525	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anderson-Frazier Insurance Agency of H		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	155.00
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 28 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Paul Choate		Date of Receipt
	Mailing Address 100 W. Peach St.		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	El Dorado	AR	71730-5611
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CMI Insurance		Occupation President	Transaction ID: 4979826
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="60.00"/>

B.	Full Name (Last, First, Middle Initial) Kirk Huisenga		Date of Receipt
	Mailing Address 955 2nd Ave		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sibley	IA	51249-1504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Huisenga-Pearson Agency, Inc.		Occupation President	Transaction ID: 4979828
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) Katie A. Kochenower		Date of Receipt
	Mailing Address 2210 20th St		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gering	NE	69341-2050
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Writer Agency		Occupation Insurance Agent	Transaction ID: 4979829
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="252.50"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="135.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Leon M. Weekes	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Mailing Address 777 E Atlantic Ave	Transaction ID: 4990386
	City State Zip Code Delray Beach FL 33483-5360	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Weekes & Callaway, Inc. Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Garrett A. Fleming, III	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Mailing Address 1115 W. 3rd Ave.	Transaction ID: 4990387
	City State Zip Code Albany GA 31707-3659	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Fleming Insurance Agency Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dean Hayes	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Mailing Address 3205 Salem Rd	Transaction ID: 4990388
	City State Zip Code Conyers GA 30013-5302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: BB&T Insurance Services Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
LeighAnn Sedlock

Mailing Address 8210 White Bluff Road

City Savannah State GA Zip Code 31406-3432

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

Name of Employer Jerry Beets & Associates, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4990390

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Norman Abbott

Mailing Address 18119 Torrence Ave

City Lansing State IL Zip Code 60438-2157

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

Name of Employer Walter W Schultz Agcy Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4990392

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Carol Bloesser

Mailing Address 118 Greeley Avenue

City Tribune State KS Zip Code 67879

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

Name of Employer 1st Choice Insurance, LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4990393

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
William V. Hanson

Mailing Address 247 Ridge Dr

City State Zip Code
Manhattan KS 66502-3826

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

Name of Employer KanOk Insurance Services, Inc. Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 4990395

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Greg Renn

Mailing Address P O Box 40

City State Zip Code
Wellington KS 67152-0040

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

Name of Employer Renn & Company, Ins. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 4990396

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steve Crawford

Mailing Address 179 Fairfield Ave

City State Zip Code
Bellevue KY 41073-3410

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

Name of Employer Crawford Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 4990401

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 131 W Broad St

City State Zip Code
Central City KY 42330-1568

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

Name of Employer Lawton Insurance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990403

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William Dierking

Mailing Address 1085 Chapel Creek Trail

City State Zip Code
New Albany IN 47150-9664

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

Name of Employer Neace Lukens Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990406

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Daniel T. Haley, Jr

Mailing Address 21 1/2 Eastern Promenade

City State Zip Code
Portland ME 04101-4801

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

Name of Employer Daniel T. Haley, JR. Agency, Inc. dba Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990411

Amount of Each Receipt this Period
250.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Robert Rigg	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 14 E. Welsh Pool Road	Transaction ID: 4990423
	City State Zip Code Exton PA 19341-1219	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Rigg Darlington Group Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Joe L. Barnes	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 190 Community Center Drive	Transaction ID: 4990429
	City State Zip Code Pigeon Forge TN 37863-6243	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Barnes Insurance Agency, Inc. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Richard Pollard	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 3840 Corporate Center Dr.	Transaction ID: 4990434
	City State Zip Code Bryan TX 77802-3696	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SIG Insurance Services, LLC Corporate Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 34 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Tom Stanger		Date of Receipt MM / DD / YYYY 12 / 18 / 2007
Mailing Address 3919 Riverdale Rd		Transaction ID: 4990437
City Ogden	State UT	Zip Code 84405-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tom Stanger Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) William P. Simons, III		Date of Receipt MM / DD / YYYY 12 / 18 / 2007
Mailing Address 910 17th St NW, 9th Fl		Transaction ID: 4990438
City Washington	State DC	Zip Code 20006-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rust Insurance Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Dave Kern		Date of Receipt MM / DD / YYYY 12 / 18 / 2007
Mailing Address 23961 Craftsman Rd		Transaction ID: 4990749
City Calabasas	State CA	Zip Code 91302-1417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tri County Insurance Svcs Calabasas	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Dean Mayfield	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 50 S Madison St	Transaction ID: 4990750
	City State Zip Code Mooreville IN 46158-1656	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mayfield Insurance, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ronald P. Tubertini	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 795 Woodlands Parkway	Transaction ID: 4990753
	City State Zip Code Ridgeland MS 39157-5217	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SouthGroup Insurance and Financial Ser Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Irwin H. Nelson	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 510 N 14th	Transaction ID: 4990754
	City State Zip Code Fort Calhoun NE 68023-0180	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New Frontier Insurance Agency Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 327.50	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 89
(check only one)

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

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 777 Canal View Blvd

City State Zip Code
Rochester NY 14623-2825

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

Name of Employer
First Niagara Risk Management, Inc.

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990756

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gerald M. Levy

Mailing Address 386 Park Ave S

City State Zip Code
New York NY 10016-8804

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

Name of Employer
CBS Coverage Group, Inc.

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990757

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
James D. Stork

Mailing Address 136 Main St

City State Zip Code
Penn Yan NY 14527-1219

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

Name of Employer
Beaumont & Stork Inc. DBA Stork Insura

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 4990759

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
William Thomason

Mailing Address 1924 Pearman Dairy Road

City Anderson State SC Zip Code 29625-1315

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4990760

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Louise Canter

Mailing Address 2755 Hartland Rd

City Falls Church State VA Zip Code 22043-3540

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

Name of Employer USI DC Metro Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4990762

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address P O Box 190

City Hayes Center State NE Zip Code 69032-0190

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

Name of Employer AmFirst Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 4993929

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Wes Bissett

Mailing Address 127 South Peyton Street

City	State	Zip Code
Alexandria	VA	22314-2879

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

Name of Employer Independent Insurance Age- nts & Brokers	Occupation Senior Vice President
---	-------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 4993931

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Jerry E. Jones

Mailing Address 820 Benson Rd

City	State	Zip Code
Garner	NC	27529-3992

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

Name of Employer Jones Insurance Agency, Inc.	Occupation Insurance Agent
---	-------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 4993933

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

William Switzky

Mailing Address 16030 Ventura Blvd

City	State	Zip Code
Encino	CA	91436-2731

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

Name of Employer GNW - Evergreen Insurance Services, In	Occupation Insurance Agent
---	-------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 19 / 2007

Transaction ID: 4993951

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
George Shaffer

Mailing Address 4910 Alameda Blvd NE

City State Zip Code
Albuquerque NM 87113-1736

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

Name of Employer Market Finders, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: 4993972

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Debra Perkins

Mailing Address 127 South Peyton Street

City State Zip Code
Alexandria VA 22314-2879

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

Name of Employer Independent Insurance Agents & Brokers Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: 4993975

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Spencer M. Houldin

Mailing Address 4 Green Hill Rd

City State Zip Code
Washington Depot CT 06793-1201

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

Name of Employer Ericson Insurance Services Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

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

Transaction ID: 4996034

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 25 W State Upper Level

City State Zip Code
Mason City IA 50401-8448

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

Name of Employer
FIAHC, INC., First Insurance Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996036

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Charlie T. Brown

Mailing Address 204 St Francis St

City State Zip Code
Kennett MO 63857-1953

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

Name of Employer
Baker Welman Brown Insurance

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996038

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Sharon Emek

Mailing Address 386 Park Ave South

City State Zip Code
New York NY 10016-8804

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

Name of Employer
CBS Coverage Group, Inc.

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996041

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Adrian W. Luttrell

Mailing Address 6800 Isaac's Orchard Rd

City State Zip Code
Springdale AR 72762-6096

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

Name of Employer Walker Brothers Insurance, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2007

Transaction ID: 4996043

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 415 N 2nd St

City State Zip Code
Yakima WA 98901-2379

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

Name of Employer Argus Insurance, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2007

Transaction ID: 4996045

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Robert M Bramlett, Jr.

Mailing Address 1505 N Commerce

City State Zip Code
Ardmore OK 73401-1863

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

Name of Employer The Bramlett Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 12 / 20 / 2007

Transaction ID: 4996047

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Randy Allison

Mailing Address 1111 S Bowman Rd

City State Zip Code
Little Rock AR 72211-3764

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

Name of Employer McGhee Insurance Agency, Inc. Occupation Commercial Lines Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996051

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Bob Stiles

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996061

Amount of Each Receipt this Period
100.00

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

Mailing Address 375 S Grand Ave

City State Zip Code
Pullman WA 99163-2841

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

Name of Employer Associated Independent Agencies Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: 4996063

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Steven J. Aronson	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 7 Radcliffe Rd	Transaction ID: 4996068
	City Waban State MA Zip Code 02468-2221	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Aronson Insurance Agency Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Vincent P. Sylvia	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 500 Faunce Corner Road Bldg 100	Transaction ID: 4996073
	City Dartmouth State MA Zip Code 02747-1278	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sylvia & Co Insurance Agency, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) John Timm	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 1615 NE Broadway St	Transaction ID: 4996075
	City Portland State OR Zip Code 97232-1425	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Timmco Insurance Inc Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 2603 W Charleston Blvd

City State Zip Code
Las Vegas NV 89102-2121

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

Name of Employer Cragin & Pike Inc
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: 4996077

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Victor D. McCarley

Mailing Address 141 London Parkway

City State Zip Code
Birmingham AL 35211-4541

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

Name of Employer Alabama Independent Insurance Agents
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 4996083

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Alan K Kinney, Jr

Mailing Address 307 Route 2

City State Zip Code
South Hero VT 05486-4213

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

Name of Employer Kinney Insurance Agency
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2950.00

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

Transaction ID: 4996085

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 5775 Glenridge Dr NE

City Atlanta State GA Zip Code 30328-5380

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996087

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Thomas E. Wiseman

Mailing Address 451 Second Ave

City Gallipolis State OH Zip Code 45631-1129

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

Name of Employer Wiseman Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996089

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jon A Jensen

Mailing Address P O Box 1387

City Gaffney State SC Zip Code 29342-1387

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

Name of Employer Correll Insurance Group Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996091

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
R. David Priest

Mailing Address 2570-B Gaskins Rd

City Richmond State VA Zip Code 23233-1468

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

Name of Employer Virginia Commonwealth Corporation Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996096

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Warren C. Ruppap

Mailing Address 30 Jordan Lane

City Wethersfield State CT Zip Code 06109-1278

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

Name of Employer Independent Insurance Agents of Connec Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996101

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Susan M. Leslie

Mailing Address 286 York St

City York State ME Zip Code 03909-1006

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

Name of Employer Bragdon Insurance, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996104

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 89

(check only one)

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

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

NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Greg Blair

Mailing Address 2277 Rte 33
Golden Crest Corporate Center

City State Zip Code
Hamilton Square NJ 08690-1700

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

Name of Employer Occupation
Nottingham Insurance President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 4996106

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Poppa

Mailing Address 5784 Widewaters Pkwy, 1st Fl

City State Zip Code
Syracuse NY 13214-1890

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

Name of Employer Occupation
Ind Ins Agents & Brokers of New York I President & CEO

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

Date of Receipt

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

Transaction ID: 4996109

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

David Wyrsh, Sr

Mailing Address 12800 Long Beach Blvd.

City State Zip Code
Long Beach Townshi NJ 08008-2839

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

Name of Employer Occupation
Van Dyk Group Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: 4996113

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Arturo Hoyo

Mailing Address P O Box 661660

City State Zip Code
Miami Springs FL 33266-1660

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

Name of Employer Coastal Insurance Group, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 4996120

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Michael Steiner

Mailing Address 121N Market St

City State Zip Code
Wooster OH 44691-4809

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

Name of Employer Sky Insurance dba Steiner Insurance Ag Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 4996130

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Charles T. Bidek

Mailing Address 2500 21st Ave S

City State Zip Code
Nashville TN 37212-5625

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

Name of Employer Insurors of Tennessee Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

Transaction ID: 4996131

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Paul L. Johnson

Mailing Address 685 N Hague Ave

City Columbus State OH Zip Code 43204-1422

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

Name of Employer Paul L. Johnson Insurance Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996138

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Larry N. Ahrendt

Mailing Address 316 South Coteau St

City Pierre State SD Zip Code 57501-3189

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

Name of Employer South Dakota Association of Insurance Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996146

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Roy Riley

Mailing Address 1120 Main St

City Benton State KY Zip Code 42025-1450

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

Name of Employer Peel & Holland Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2007

Transaction ID: 4996172

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Timothy R. Manaka, Jr

Mailing Address 99 S Lake Ave

City Pasadena State CA Zip Code 91101-4701

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

Name of Employer: FIA Insurance Services, Inc.
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 21 / 2007
Transaction ID: 4996173
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Kenneth A Christian

Mailing Address 10 Main St

City Peterborough State NH Zip Code 03458-2418

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

Name of Employer: Bellows-Nichols Agency, Inc.
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 21 / 2007
Transaction ID: 4996175
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Vinny Alba

Mailing Address 777 Sunrise Hwy

City Lynbrook State NY Zip Code 11563-2950

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

Name of Employer: MRW Group, Inc.
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 21 / 2007
Transaction ID: 4996176
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Jeffrey H. Greenfield

Mailing Address 112 Merrick Rd

City State Zip Code
Lynbrook NY 11563-2739

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

Name of Employer Occupation
N G L Group LLC Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996177

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 300 Hampton Rd

City State Zip Code
Southampton NY 11968-5701

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

Name of Employer Occupation
Maran Corporate Risk Associates, Inc. Agency Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996183

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Nancy Mendizabal

Mailing Address 528 Putnam Pike

City State Zip Code
Greenville RI 02828-3019

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

Name of Employer Occupation
Apple Valley Agency, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996187

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Tim Baxley

Mailing Address 11405 Ocean Hwy -

City State Zip Code
Pawleys Island SC 29585-8339

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

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

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

Date of Receipt

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

Transaction ID: 4996188

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paul Steadman

Mailing Address 465 Spruce St

City State Zip Code
Walterboro SC 29488-2766

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

Name of Employer Occupation
The Steadman Agency Inc President

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

Date of Receipt

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

Transaction ID: 4996189

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Clay Jackson

Mailing Address 4400 Harding Rd

City State Zip Code
Nashville TN 37205-2204

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

Name of Employer Occupation
BB&T - CLJT&H Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1680.00

Date of Receipt

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

Transaction ID: 4996190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Wayne Sather

Mailing Address 832 Niagara Ave

City State Zip Code
Sheboygan WI 53081-4014

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

Name of Employer Occupation
Maritime Insurance Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996193

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Betsey L. Brewer

Mailing Address 115 N El Molino Ave

City State Zip Code
Pasadena CA 91101-1804

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

Name of Employer Occupation
The Rule Co Inc Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996195

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 101 Weston Oaks Ct

City State Zip Code
Cary NC 27513-2256

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

Name of Employer Occupation
Independent Insurance Agents of North Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 4996198

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 89
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Luke F. Praxmarer

Mailing Address 25 Northwest Point Blvd

City Elk Grove Village State IL Zip Code 60007-1056

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

Name of Employer: Corkill Insurance Agency Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2125.00

Date of Receipt: 12 / 21 / 2007

Transaction ID: 4996200

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Edward J. Desaulnier

Mailing Address 16 Pomfret Street

City Putnam State CT Zip Code 06260-1934

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

Name of Employer: Gerardi Insurance Services, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 21 / 2007

Transaction ID: 4996219

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mark Male

Mailing Address 2400 Post Rd

City Warwick State RI Zip Code 02886-2208

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

Name of Employer: Ind Ins Agents of Rhode Island Occupation: Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 21 / 2007

Transaction ID: 4996227

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Dean Wooten	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Mailing Address PO Box 827	Transaction ID: 4996239
	City State Zip Code Statesville NC 28687-0827	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wooten Insurance Center Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00

B.	Full Name (Last, First, Middle Initial) Jeff Block	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7
	Mailing Address 216 W Emerson	Transaction ID: 4996241
	City State Zip Code Paragould AR 72450-4364	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer M. F. Block Insurance, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

C.	Full Name (Last, First, Middle Initial) Jayson L. Tritt	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 7
	Mailing Address 1633 Oakdale	Transaction ID: 4996478
	City State Zip Code West Saint Paul MN 55118-3503	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wolfgram/Tritt & Associates, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Raymond (Skip) C. Hansen

Mailing Address W223 N608 Saratoga Dr

City State Zip Code
Waukesha WI 53186-0401

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

Name of Employer Occupation
Diversified Insurance Ser- Vice President
vices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 4996481

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Jerry Nies

Mailing Address 506 NE 4th Ave

City State Zip Code
Camas WA 98607-2105

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

Name of Employer Occupation
Nies Insurance Agency Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 4996485

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary R. Semmer

Mailing Address 568 Pennsylvania Ave

City State Zip Code
Glen Ellyn IL 60137-4139

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

Name of Employer Occupation
Spillman & Wofyla, Inc. Executive Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 5433728

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Francis A. Mancini

Mailing Address 137 Pennsylvania Ave

City State Zip Code
Framingham MA 01701-8837

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

Name of Employer Occupation
Massachusetts Association of Insurance Executive Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 5433730

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ronald Smith

Mailing Address 124 E 8th St

City State Zip Code
Rochester IN 46975-1508

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

Name of Employer Occupation
Smith Sawyer & Smith, Inc President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 5433741

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City State Zip Code
Santa Monica CA 90401-1805

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

Name of Employer Occupation
White & Company Insurance, Inc. President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: 5433743

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 / 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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Gerald E. Roach, Jr.		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address 451 Second Ave		Transaction ID: 5433753		
	City Gallipolis	State OH	Zip Code 45631-1129	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wiseman Agency, Inc.	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Joan A Haddock		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address 305 McCaslin Blvd		Transaction ID: 5433755		
	City Louisville	State CO	Zip Code 80027-2940	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Haddock Insurance Agency	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) J. Michael Callaway		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address 777 E Atlantic Ave		Transaction ID: 5433756		
	City Delray Beach	State FL	Zip Code 33483-5360	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Weekes & Callaway, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Robert Jester	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 303 Watson Powell Jr Way	Transaction ID: 5433760
	City State Zip Code Des Moines IA 50309-1724	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jester Insurance Services, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) E Nelson Gosline	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 189 Water St	Transaction ID: 5433771
	City State Zip Code Gardiner ME 04345-2108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gosline-Murchie Agency Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) James Cavanaugh	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 1905 Harney St, suite 710	Transaction ID: 5433772
	City State Zip Code Omaha NE 68102-2314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cavanaugh Law Firm Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 60 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

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

Mailing Address 9394 W. Dodge Rd.

City State Zip Code
Omaha NE 68114-3345

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

Name of Employer Chastain Otis, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 5433774

Amount of Each Receipt this Period
250.00

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

Mailing Address P O Box 483

City State Zip Code
Osmond NE 68765-0483

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

Name of Employer New Frontier Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.50

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

Transaction ID: 5433776

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Barry Lipparelli

Mailing Address P O Box 1716

City State Zip Code
Elko NV 89803-1716

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

Name of Employer Lipparelli & Assocs Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 5433778

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Tom C. Daniel

Mailing Address 15501 Ranch Rd 12

City State Zip Code
Wimberley TX 78676-6210

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

Name of Employer DeMasters-Daniel Insurance Agency, Inc
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 5433785

Amount of Each Receipt this Period
275.00

B.

Full Name (Last, First, Middle Initial)
Raymund M Haddock

Mailing Address 305 McCaslin Blvd

City State Zip Code
Louisville CO 80027-2940

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

Name of Employer Haddock Insurance Agency
Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 5433796

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Thomas M Cotton

Mailing Address 2315 Curry Ford Rd

City State Zip Code
Orlando FL 32806-2423

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

Name of Employer Hugh Cotton Insurance Agency Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

Transaction ID: 5433797

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Clifton H Rosenberry		Date of Receipt
	Mailing Address 477 Ashford Ave		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Ardsley	NY	10502-2117
	FEC ID number of contributing federal political committee. C		Transaction ID: 5433799
Name of Employer McCartney & Rosenberry Group, Inc.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mark Stahlka		Date of Receipt
	Mailing Address 6797 Main St		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Williamsville	NY	14221-5907
	FEC ID number of contributing federal political committee. C		Transaction ID: 5433800
Name of Employer EMS Group-Stahlka Agency, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Edward F. Bishop		Date of Receipt
	Mailing Address 94 Waterman St		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Providence	RI	02906-1137
	FEC ID number of contributing federal political committee. C		Transaction ID: 5433801
Name of Employer E. F. Bishop Agency, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Dino C. Gavanis

Mailing Address 127 N Walnut Ave

City State Zip Code
Itasca IL 60143-1729

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

Name of Employer Occupation
Premier Risk Services, Inc. President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1924.00

Date of Receipt

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

Transaction ID: 5869197

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William H. Malone

Mailing Address 305 Route 17 South

City State Zip Code
Paramus NJ 07652

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

Name of Employer Occupation
Continental-Marmorstein & Malone Insurance Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 6304603

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

George Dahlinger

Mailing Address 1216 12th Ave South

City State Zip Code
Nampa ID 83651-4665

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

Name of Employer Occupation
Dahlinger & Co Insurance President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

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

Transaction ID: 6304627

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Carol McClelland	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8231-B Northwoods Dr	Transaction ID: 6304719
	City Lincoln State NE Zip Code 68505-3092	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Independent Insurance Agents of Nebras Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Art Moore	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 103 E First St	Transaction ID: 6305256
	City York State NE Zip Code 68467-4301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cornerstone Insurance Group Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kenneth G. Byars	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 129 E First Ave	Transaction ID: 6305259
	City Easley State SC Zip Code 29640-3036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer R. Carl Byars Agency, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 65 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Joe Walrod

Mailing Address 6734 W. 121st St.

City State Zip Code
Overland Park KS 66209-2002

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

Name of Employer
Commercial Risk Mgmt, LLC,
dba Fidelit

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 6306110

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey W. Grady

Mailing Address PO Box 12129

City State Zip Code
Tallahassee FL 32317-2129

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

Name of Employer
Florida Assn of Ins Agts

Occupation
President/CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 6306117

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Don Crews

Mailing Address 333 E Jefferson St

City State Zip Code
Plymouth IN 46563-3662

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

Name of Employer
Gibson Insurance Group

Occupation
Vice President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 6306119

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Thomas Flynn		Date of Receipt	
	Mailing Address 600 East 96th St		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 6306120
	Indianapolis	IN	46240-3788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer JW Flynn Company		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) William E. Jeney, Jr.		Date of Receipt	
	Mailing Address 495 Main St		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 6306123
	Metuchen	NJ	08840-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Schenck Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Catherine Bakamus		Date of Receipt	
	Mailing Address 1461 Broadway		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 6306127
	Longview	WA	98632-3713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Bratrud Middleton Insurance - Longview		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 67 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
James B. Binder

Mailing Address 1201 Pacific Ave

City State Zip Code
Tacoma WA 98402-4301

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

Name of Employer: Bratrud Middleton Insurance Brokers, I
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306128
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Kurt Carlson

Mailing Address 1201 Pacific Ave

City State Zip Code
Tacoma WA 98402-4301

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

Name of Employer: Bratrud Middleton Insurance Brokers, I
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306129
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Peter J. Comfort

Mailing Address 1201 Pacific Ave

City State Zip Code
Tacoma WA 98402-4301

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

Name of Employer: Bratrud Middleton Insurance Brokers, I
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306130
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 89
(check only one)

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

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Myron H. Coryell

Mailing Address 1201 Pacific Ave

City State Zip Code
Tacoma WA 98402-4301

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

Name of Employer: Bratrud Middleton Insurance Brokers, I
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306131
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Michael Ferreira

Mailing Address PO Box 11205

City State Zip Code
Tacoma WA 98411-0205

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

Name of Employer: Bratrud Middleton Insurance Br
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306132
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Brent E. Heilesen

Mailing Address 1201 Pacific Ave

City State Zip Code
Tacoma WA 98402-4301

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

Name of Employer: Bratrud Middleton Insurance Brokers, I
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306133
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Mark E. Helling		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
Mailing Address 60 Washington Ave Ste 390		Transaction ID: 6306134
City Bremerton	State WA	Zip Code 98337-1888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bratrud Middleton Insurance - Bremerto	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Peter Hendrick		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
Mailing Address 1201 Pacific Ave		Transaction ID: 6306135
City Tacoma	State WA	Zip Code 98402-4301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bratrud Middleton Insurance Brokers, I	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Barbara A Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
Mailing Address 315 E 5th		Transaction ID: 6306136
City Olympia	State WA	Zip Code 98501-1116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bratrud Middleton Insurance - Olympia	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Suzanne K. Lewis

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306137
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
James Lineweaver

Mailing Address 2907 North 26th

City Tacoma State WA Zip Code 98407-6304

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306138
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Terese Moon

Mailing Address 6673 N.W. Puddingstone Lane

City Silverdale State WA Zip Code 98383-7365

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 6306139
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 89
(check only one)

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

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

NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Michelle Newberg

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2007

Transaction ID: 6306140

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Max Hanley

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2007

Transaction ID: 6306141

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Theodore Schlatter

Mailing Address P.O. Box 1173

City Tacoma State WA Zip Code 98401-1173

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2007

Transaction ID: 6306142

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Patti D. Sutton

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2007
Transaction ID: 6306143
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Gerald Zander

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Insurance Agent

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

Date of Receipt 12 / 31 / 2007
Transaction ID: 6306144
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Eric Zimmerman

Mailing Address 1201 Pacific Ave

City Tacoma State WA Zip Code 98402-4301

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

Name of Employer Bratrud Middleton Insurance Brokers, I Occupation Vice President

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

Date of Receipt 12 / 31 / 2007
Transaction ID: 6306145
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial)
Paul F. Bystrowski

Mailing Address 3636 American River Dr

City State Zip Code
Sacramento CA 95864-5901

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

Name of Employer Occupation
John O. Bronson Insurance President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306146

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Darrell Camilletti

Mailing Address PO Box 1027

City State Zip Code
Meeker CO 81641-1027

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

Name of Employer Occupation
Mountain West Insurance & Financial Se Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306148

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Philip R. Bogle

Mailing Address 200 Stuyvesant Ave

City State Zip Code
Lyndhurst NJ 07071-1705

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

Name of Employer Occupation
Bogle Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306156

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 89
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Phil A. Compton

Mailing Address 314 S Pine St

City State Zip Code
Spartanburg SC 29302-2677

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

Name of Employer Occupation
George Johnson Insurance, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306157

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Gregory W. Carlton

Mailing Address 1120 Main Street

City State Zip Code
Benton KY 42025-1450

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

Name of Employer Occupation
Peel & Holland Financial Group Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306171

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Robert L Hoppe

Mailing Address 2118 23rd St

City State Zip Code
Columbus NE 68601-3447

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

Name of Employer Occupation
American Heartland Insurance Agency, I Senior Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 6306172

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 11640 Arbor Street

City State Zip Code
Omaha NE 68144-5007

FEC ID number of contributing federal political committee. C

Name of Employer Peterson Brothers Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 6306173

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Michael T. Greco

Mailing Address 810 Tara Plaza

City State Zip Code
Papillion NE 68046-2044

FEC ID number of contributing federal political committee. C

Name of Employer Greco Insurance Agency Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 6306175

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Harry Johnson, II

Mailing Address PO Box 899

City State Zip Code
Charleston SC 29402-0899

FEC ID number of contributing federal political committee. C

Name of Employer Johnson & Johnson, Inc. Mgrs. CMGA Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 6306176

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 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)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Randy Reynolds	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1120 Capital of Texas Hwy South Bldg 3	Transaction ID: 6306178
	City State Zip Code West Lake Hills TX 78746-6426	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Texas Associates Insurors Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Tom Helbach	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 306 Water St	Transaction ID: 6306179
	City State Zip Code Mosinee WI 54455-1458	Amount of Each Receipt this Period 2315.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mosinee Insurance Agency, Inc. Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3115.00	

C.	Full Name (Last, First, Middle Initial) William C. Thomas	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address One Park Lane Central Park	Transaction ID: 6422051
	City State Zip Code Hilton Head Island SC 29938-5159	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BB&T/ Carswell Insurance Services Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2815.00
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 77 / 89	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial) Alex Rule		Date of Receipt																					
Mailing Address 1514 35th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		3	1		2	0	0	7														
City	State	Zip Code	Transaction ID: 6422052																				
Seattle	WA	98122-3409	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	C		250.00																				
Name of Employer Bratrud Middleton Insuran- ce	Occupation Insurance Agent																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	61380.00

**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

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

NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Alexander for Senate <hr/> Mailing Address 1130 8th Avenue South <hr/> City Nashville State TN Zip Code 37203 <hr/> Purpose of Disbursement <hr/> Candidate Name Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973826 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BACPAC <hr/> Mailing Address 2501 Wisconsin Ave, NW #304 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973824 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address P.O. Box 568 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name Max Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973833 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: 4996182 Date of Disbursement 12 / 20 / 2007
	Mailing Address 400 N Capitol St NW Ste 585 Suite 585	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20001-1502	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brave PAC	Transaction ID: 4996181 Date of Disbursement 12 / 20 / 2007
	Mailing Address 499 South Capitol Street, SW Suite	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard Burr Committee	Transaction ID: 4973832 Date of Disbursement 12 / 10 / 2007
	Mailing Address P.O. Box 5928	Amount of Each Disbursement this Period 1000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Richard Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Campbell for Congress	Transaction ID: 4973820 Date of Disbursement
	Mailing Address PO Box 1605	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name John Campbell	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Action	Transaction ID: 4973814 Date of Disbursement
	Mailing Address PO Box 1535	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Wilkes Barre State PA Zip Code 18703-1535	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cole PAC	Transaction ID: 4973819 Date of Disbursement
	Mailing Address 12176 Chancery Station Cir	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Reston State VA Zip Code 20190-5803	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Texans for Senator Cornyn <hr/> Mailing Address P.O. Box 13026 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement <hr/> Candidate Name John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973815 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lincoln Davis for Congress <hr/> Mailing Address P.O. Box 350 <hr/> City Jamestown State TN Zip Code 38556 <hr/> Purpose of Disbursement <hr/> Candidate Name Lincoln Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973818 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democrats Win Seats PAC <hr/> Mailing Address PO Box 71147 <hr/> City Washington State DC Zip Code 20024-1147 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973822 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) The Elizabeth Dole Committee Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602-2918 Purpose of Disbursement 011 Candidate Name Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	Transaction ID: 4973828 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Freedom & Democracy Fund PAC Mailing Address 610 S Boulevard City Tampa State FL Zip Code 33606-2693 Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: 4973813 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Hoosiers for Hill Mailing Address P.O. Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement 011 Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09	Transaction ID: 4996180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

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)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) JEB Fund	Transaction ID: 4973810 Date of Disbursement 12 / 10 / 2007
	Mailing Address PO Box 40385	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20016-0385	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: 4973831 Date of Disbursement 12 / 10 / 2007
	Mailing Address 126 S Franklin St	Amount of Each Disbursement this Period 1000.00
	City Wilkes Barre State PA Zip Code 18701-1101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Paul Kanjorski	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 4973816 Date of Disbursement 12 / 10 / 2007
	Mailing Address 200 E Jefferson St	Amount of Each Disbursement this Period 2000.00
	City Falls Church State VA Zip Code 22046-3531	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) LEADERSHIP 21	Transaction ID: 4968910 Date of Disbursement
	Mailing Address 6849 Old Dominion Dr Ste 222	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Mc Lean State VA Zip Code 22101-3705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 4996179 Date of Disbursement
	Mailing Address PO Box 75214	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20013-0214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Dennis Moore	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson for U.S. Senate	Transaction ID: 4973812 Date of Disbursement
	Mailing Address 1011 E Colonial Dr Ste 201	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Orlando State FL Zip Code 32803-4607	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) NoDak PAC	Transaction ID: 4968911 Date of Disbursement
	Mailing Address PO Box 75214	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20013-0214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OrrinPAC	Transaction ID: 4973827 Date of Disbursement
	Mailing Address P.O. Box 1480	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Our Congress PAC	Transaction ID: 4973825 Date of Disbursement
	Mailing Address P.O. Box 344	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) PATPAC	Transaction ID: 4996192 Date of Disbursement 12 / 24 / 2007
	Mailing Address 228 S. Washington Street Suite B-20	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RedPAC	Transaction ID: 4973811 Date of Disbursement 12 / 10 / 2007
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rock City PAC	Transaction ID: 4973821 Date of Disbursement 12 / 10 / 2007
	Mailing Address 1015 Stonebridge Park Drive	Amount of Each Disbursement this Period 1000.00
	City Franklin State TN Zip Code 37069	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 422 C St NE Lower Level <hr/> City Washington State DC Zip Code 20002-5818 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973823 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 38585 <hr/> City Dallas State TX Zip Code 75238-0585 Purpose of Disbursement Candidate Name Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973830 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 217 3rd St SE <hr/> City Washington State DC Zip Code 20003-1904 Purpose of Disbursement Candidate Name Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4973817 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 3000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

63000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 6452270 Date of Disbursement
	Mailing Address 38 Fountain Square Plaza	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Cincinnati State OH Zip Code 45263	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Charge	<input type="text" value="4.50"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Credit Card Processing Charge

B.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 6452271 Date of Disbursement
	Mailing Address 38 Fountain Square Plaza	<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Cincinnati State OH Zip Code 45263	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Charge	<input type="text" value="216.48"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Credit Card Processing Charge

C.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 6452275 Date of Disbursement
	Mailing Address 38 Fountain Square Plaza	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City Cincinnati State OH Zip Code 45263	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Charge	<input type="text" value="85.20"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 6452276 Date of Disbursement																			
	Mailing Address 38 Fountain Square Plaza	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	0	/	2	0	0	7												
	City Cincinnati State OH Zip Code 45263	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Charge Candidate Name	<table border="1"><tr><td>97.30</td></tr></table>	97.30																		
97.30																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Credit Card Processing Charge																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 6452273 Date of Disbursement																			
	Mailing Address 38 Fountain Square Plaza	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	6	/	2	0	0	7												
	City Cincinnati State OH Zip Code 45263	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Charge Candidate Name	<table border="1"><tr><td>95.25</td></tr></table>	95.25																		
95.25																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Credit Card Processing Charge																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) Paypal Inc.	Transaction ID: 6452274 Date of Disbursement																			
	Mailing Address 1840 Embarcadero Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	2	/	2	0	0	7												
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Charge Candidate Name	<table border="1"><tr><td>89.90</td></tr></table>	89.90																		
89.90																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Credit Card Processing Charge																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>282.45</td></tr></table>	282.45
282.45		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>588.63</td></tr></table>	588.63
588.63		