

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) 412 First Street, SE, Suite 300

Check if different than previously reported. (ACC) Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 10 20 2010

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

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

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

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		406640.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	369284.09									
(c) Total Receipts (from Line 19) .....	48237.50	711038.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	417521.59	1117679.36								
7. Total Disbursements (from Line 31) .....	212972.46	913130.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	204549.13	204549.13								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	30396.00	505220.50
(ii) Unitemized .....	17841.50	195818.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	48237.50	701038.83
(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) .....	48237.50	701038.83
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10000.00
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)) .....	48237.50	711038.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48237.50	711038.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	212000.00	897500.00
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	700.00
(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	700.00
29. Other Disbursements.....	972.46	14930.23
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))..	212972.46	913130.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	212972.46	913130.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	48237.50	701038.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48237.50	700338.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew K. Cashion, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2010		
	Mailing Address 321 Scott St		<b>Transaction ID:</b> 9432750		
	City Little Rock	State AR	Zip Code 72201-2811	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Cashion Company, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory Standridge		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2010		
	Mailing Address 915 S Arkansas Ave		<b>Transaction ID:</b> 9432751		
	City Russellville	State AR	Zip Code 72801-6011	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Standridge Insurance Agen- cy	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>C.</b>	Full Name (Last, First, Middle Initial) David J. Houston		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2010		
	Mailing Address 541 Washington St		<b>Transaction ID:</b> 9433263		
	City Braintree	State MA	Zip Code 02184-5627	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Houston Insurance	Occupation Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 72
	<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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Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-  
ee (Insu

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Durban		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 155 Laurens St SW		<b>Transaction ID:</b> 9434331		
	City Aiken	State SC	Zip Code 29801-3847	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Durban-Laird's, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) James L Rowe		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 50 Palmetto Bay Rd		<b>Transaction ID:</b> 9434332		
	City Hilton Head	State SC	Zip Code 29928-5313	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Kinghorn Insurance Servic- es, Inc.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Matt Berry, Sr		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 1615 Guadalupe St		<b>Transaction ID:</b> 9434410		
	City Austin	State TX	Zip Code 78701-1212	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer William Gammon Insurance	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Gammon, III		Date of Receipt
	Mailing Address 1615 Guadalupe St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City	State	Zip Code
	Austin	TX	78701-1212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9434412
Name of Employer William Gammon Insurance		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William E Harrison, Jr		Date of Receipt
	Mailing Address 70 NE Loop 410 Ste 520		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City	State	Zip Code
	San Antonio	TX	78216-5842
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9434413
Name of Employer Texas Associates S.A.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jen McPhillips		Date of Receipt
	Mailing Address 127 South Peyton Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2010
	City	State	Zip Code
	Alexandria	VA	22314-2879
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9468114
Name of Employer Independent Insurance Agents & Brokers		Occupation Director, Grassroots & InsurPac	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"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Aubie W. Knight		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 3186 Chestnut Drive Conn		<b>Transaction ID:</b> 9468118		
	City Doraville	State GA	Zip Code 30340-3242	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Independent Insurance Agents of Georgia		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent			
		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Martin		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 1122 Idaho St		<b>Transaction ID:</b> 9468119		
	City Lewiston	State ID	Zip Code 83501-1939	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Martin Insurance, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent			
		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura J. Donnaway		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 6620 Riverside Dr Ste 315		<b>Transaction ID:</b> 9468123		
	City Metairie	State LA	Zip Code 70003-7109	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Alvarez-Donnaway-Passons, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President			
		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 72

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Paul K. Soucy

Mailing Address 201 Washington St

City State Zip Code  
Salem MA 01970-3688

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

Name of Employer Soucy Insurance Agency, 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  
09 / 09 / 2010

Transaction ID: 9468124

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Vaaler

Mailing Address 2701 S Columbia Rd

City State Zip Code  
Grand Forks ND 58201-6029

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

Name of Employer Vaaler Insurance, Inc. Occupation Insurance Agent

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

Date of Receipt

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

Transaction ID: 9468133

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Chris Tidwell

Mailing Address 2650 Augusta Hwy

City State Zip Code  
Lexington SC 29072-2267

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

Name of Employer Tidwell Agency, Inc. Occupation Vice President

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

Date of Receipt

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

Transaction ID: 9468134

Amount of Each Receipt this Period  
1000.00

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

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robb Dale		Date of Receipt	
	Mailing Address 110 Unity St		M M / D D / Y Y Y Y Y 09 / 09 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9468136
	Bellingham	WA	98225-4418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer The Unity Group Insurance & Financial		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Jones		Date of Receipt	
	Mailing Address 10 E Main St Suite E		M M / D D / Y Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9487508
	Millville	NJ	08332-4293	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer William R. Mints Agency		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kayne McPhillips		Date of Receipt	
	Mailing Address 7807 Baymeadows Rd East Ste 301		M M / D D / Y Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9487509
	Jacksonville	FL	32256-9667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer The Della Porta Group, In- c.		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John E. Putnam

Mailing Address 2473 Craycroft Dr

City State Zip Code  
Colorado Springs CO 80920-1417

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

Name of Employer Putnam Assurance & Risk Services  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID: 9487513**

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Denise Johnson

Mailing Address 113 Monroe Ave NW

City State Zip Code  
Piedmont OK 73078

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

Name of Employer ECI Insurance  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID: 9487514**

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert S. Ludwig

Mailing Address 2350 Fruitville Rd

City State Zip Code  
Sarasota FL 34237-6114

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

Name of Employer Ludwig-Walpole Company, Inc.  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID: 9487536**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael S. Rifkin		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 1499 Blake Street # 2G		<b>Transaction ID:</b> 9487538		
	City Denver	State CO	Zip Code 80202-1356	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rifkin Insurance Assocs Inc		Occupation Agency Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary S. Frisch		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 2084 S Milwaukee St		<b>Transaction ID:</b> 9487541		
	City Denver	State CO	Zip Code 80210-3521	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stalley Insurance Corpora- tion		Occupation Producer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephanie M. Lipinski		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 632 County Road		<b>Transaction ID:</b> 9487544		
	City Hanson	State MA	Zip Code 02341-1668	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hanson Insurance Agency, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rick Russell		Date of Receipt
	Mailing Address 5050 Ritter Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Mechanicsburg	PA	17055-4879
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9487545
Name of Employer Insurance Agents & Brokers Service Gro		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"/> 35.00
		<input type="text"/> 315.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Doreen K. Courtheyn		Date of Receipt
	Mailing Address 500 E New York Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Deland	FL	32724-6041
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9487546
Name of Employer Page Insurance Agency		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"/> 25.00
		<input type="text"/> 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael E. Fallaize		Date of Receipt
	Mailing Address 754 Holcomb Bridge Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Norcross	GA	30071-1325
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9487547
Name of Employer Fallaize Insurance Agency		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"/> 500.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 560.00
<b>TOTAL</b> 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 15 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Prible		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 127 South Peyton Street		<b>Transaction ID:</b> 9487548		
	City Alexandria	State VA	Zip Code 22314-2879	Amount of Each Receipt this Period 115.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts & Brokers	Occupation Assistant Vice President	Aggregate Year-to-Date ▼ 805.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dino C. Gavanis		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 127 N Walnut Ave		<b>Transaction ID:</b> 9487549		
	City Itasca	State IL	Zip Code 60143-1729	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Premier Risk Services, In- c.	Occupation President	Aggregate Year-to-Date ▼ 360.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lanny L. Hair		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 333 East Flower Street		<b>Transaction ID:</b> 9487555		
	City Phoenix	State AZ	Zip Code 85012-2611	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts and Broke	Occupation Executive Vice President	Aggregate Year-to-Date ▼ 378.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	197.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George S. Mary		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 336 Rock Run Rd		<b>Transaction ID:</b> 9487556		
	City Elizabeth	State PA	Zip Code 15037-2415	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 225.00		
Name of Employer Mary & Gooder Insurance Agency		Occupation CPCU			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Evan Mandigo		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address PO Box 973		<b>Transaction ID:</b> 9487557		
	City Bismarck	State ND	Zip Code 58502-0973	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00		
Name of Employer Ind Ins Agts of North Dakota		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd C. Henricks		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010		
	Mailing Address 103 S Jackson St		<b>Transaction ID:</b> 9487559		
	City Cerro Gordo	State IL	Zip Code 61818-0110	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1150.00		
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 ▼ 1150.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brett A. Schultheis		Date of Receipt	
	Mailing Address 32 N Weinbach Ave		M M / D D / Y Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9487563
	Evansville	IN	47711-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer Schultheis Insurance Agen- cy, Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Harvey		Date of Receipt	
	Mailing Address 1023 state rd		M M / D D / Y Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9487564
	Interlachen	FL	32148-3017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Harvey 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 ▼		
		225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew J. Valdivia		Date of Receipt	
	Mailing Address 807 Arizona Ave		M M / D D / Y Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9487566
	Santa Monica	CA	90401-1805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		225.00	
Name of Employer White Sutton & Company In- surance Servi		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2025.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 72  
(check only one)

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

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

**A.**

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

Mailing Address 409 8th Street

City State Zip Code  
Hoguiam WA 98550-3607

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

Name of Employer Occupation  
Durney Agency, Inc. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487567

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
James J. Byrnes, III

Mailing Address 77 cady lane

City State Zip Code  
Woodstock CT 06281-1800

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

Name of Employer Occupation  
Byrnes Agency, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487570

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Betsy McClain

Mailing Address 5775 Glenridge Dr NE Ste B400

City State Zip Code  
Atlanta GA 30328-7133

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

Name of Employer Occupation  
Tanner Ballew & Maloof, Inc. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487571

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Bryan Clinkscales

Mailing Address 109 N Spring St

City State Zip Code  
Springdale AR 72764-4552

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

Name of Employer Occupation  
Boone-Ritter Insurance Principal

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487576

Amount of Each Receipt this Period  
100.00

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

Mailing Address P O Box 740

City State Zip Code  
Stratford NJ 08084-0740

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

Name of Employer Occupation  
Laurel, Coe & Associates, Inc. AAI

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487577

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy J Hagerman

Mailing Address 645 10th Ave

City State Zip Code  
Lindenwold NJ 08021-3719

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

Name of Employer Occupation  
Laurel, Coe & Associates, Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 9487578

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 / 72  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Simon Asheroff

Mailing Address 14011 Ventura Blvd Suite 215W

City Sherman Oaks State CA Zip Code 91423-5224

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

Name of Employer Simon Asheroff Insurance Agency  
Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2010  
Transaction ID: 9489200  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Raymond H. Nelson, Jr

Mailing Address 1102 E 21st St

City Hopkinsville State KY Zip Code 42240-4698

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

Name of Employer Raymond Nelson Insurance Agency  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2010  
Transaction ID: 9489211  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger Downey

Mailing Address 6565 Americas Pkwy NE Ste 750

City Albuquerque State NM Zip Code 87110-8176

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

Name of Employer Downey & Company  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2010  
Transaction ID: 9489225  
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 21 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ted Troy		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2010		
	Mailing Address 8144 Walnut Hill Ln Ste 1600		<b>Transaction ID:</b> 9489232		
	City Dallas	State TX	Zip Code 75231-4337	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McQueary Henry Bowles Troy LLP	Occupation Vice Chairman			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Theodore		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2010		
	Mailing Address 1700 Laurel Street		<b>Transaction ID:</b> 9489340		
	City Columbia	State SC	Zip Code 29201-2625	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Theodore & Associates Insurance	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>C.</b>	Full Name (Last, First, Middle Initial) Garry P. Kaufman		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2010		
	Mailing Address 6025 Heards Lane		<b>Transaction ID:</b> 9489341		
	City Galveston	State TX	Zip Code 77552-6767	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Galveston Insurance Associates	Occupation LRA, Dual ACSR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Randy Reynolds

Mailing Address 1120 Capital of Texas Hwy South  
Bldg 3 Ste 300

City State Zip Code  
West Lake Hills TX 78746-6426

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

Name of Employer Occupation  
Texas Associates Insurors Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2010

**Transaction ID:** 9489342

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kim W. Impecoven

Mailing Address 200 North Argonne Road

City State Zip Code  
Spokane Valley WA 99212-2852

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

Name of Employer Occupation  
Spokane Insurance Agency, Inc. dba Bla 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  
09 / 16 / 2010

**Transaction ID:** 9489343

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1015 Caddo

City State Zip Code  
Arkadelphia AR 71923-6248

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

Name of Employer Occupation  
Alliance Insurance Group of Arkadelphi 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  
09 / 21 / 2010

**Transaction ID:** 9499843

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 23 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bobby Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2010		
	Mailing Address 518 N Plaza Dr Ste 3		<b>Transaction ID:</b> 9499845		
	City Van Buren	State AR	Zip Code 72956-2673	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bob Miller Insurance Agen- cy, Inc.	Occupation Owner	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Al Pearson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2010		
	Mailing Address 2104 First National Dr		<b>Transaction ID:</b> 9499846		
	City Harrison	State AR	Zip Code 72601-6234	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Insurance Agency, Inc.	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>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Kirk		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2010		
	Mailing Address 2800 N Central Ste 1600		<b>Transaction ID:</b> 9499847		
	City Phoenix	State AZ	Zip Code 85004-1047	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	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John F. Morey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2010		
	Mailing Address 168 E Jackson St # 1		<b>Transaction ID:</b> 9499849		
	City San Jose	State CA	Zip Code 95112-5107	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The J Morey Co	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Lahoma Majors		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2010		
	Mailing Address 105 3rd St		<b>Transaction ID:</b> 9499853		
	City Caneyville	State KY	Zip Code 42721-0220	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hoover-Majors 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>C.</b>	Full Name (Last, First, Middle Initial) Scott Gray		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2010		
	Mailing Address 1207 23rd Ave		<b>Transaction ID:</b> 9499861		
	City Meridian	State MS	Zip Code 39301-4020	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Insurance Solutions of MS, 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			

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne W. McMullen		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 429 Court St Ste 1		Transaction ID: 9499862		
	City Elko	State NV	Zip Code 89801-3568	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer McMullen Insurance Agency		Occupation Insurance Agent		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) H Russell McMullen		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 429 Court St # 1		Transaction ID: 9499863		
	City Elko	State NV	Zip Code 89801-3568	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer McMullen Insurance Agency		Occupation Insurance Agent		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Vann		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 2 Westbury Parkway Ste 103		Transaction ID: 9499870		
	City Bluffton	State SC	Zip Code 29910-8857	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer BB&T/ Carswell Insurance Services		Occupation Exec. Vice President		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Dunlap		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 217 E Houston St Ste 100		<b>Transaction ID:</b> 9499873		
	City San Antonio	State TX	Zip Code 78205-1801	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Catto & Catto LLC	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>B.</b>	Full Name (Last, First, Middle Initial) Bill Henry		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 8144 Walnut Hill Ln Ste 1600		<b>Transaction ID:</b> 9499874		
	City Dallas	State TX	Zip Code 75231-4337	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer McQueary Henry Bowles Troy LLP	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>C.</b>	Full Name (Last, First, Middle Initial) Larry R Teague		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 219 North Second Street		<b>Transaction ID:</b> 9502019		
	City Nashville	State AR	Zip Code 71852-2011	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Teague & Teague Insurance	Occupation Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason D. Cass		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 8 Eastwood Lane		<b>Transaction ID:</b> 9502020		
	City Centralia	State IL	Zip Code 62801-6166	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer JDC Insurance Group	Occupation Owner	Aggregate Year-to-Date 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) John E. Johnson		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 276 Dolores Ave		<b>Transaction ID:</b> 9507984		
	City San Leandro	State CA	Zip Code 94577-5008	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer McDermott-Costa Co 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) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) William H. Pierz		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 401 Merritt 7 Plaza Level		<b>Transaction ID:</b> 9507985		
	City Norwalk	State CT	Zip Code 06851-1000	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Shoff Darby Companies, In- c.	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 72  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Beverly J. Barney

Mailing Address 7160 Graham Road

City Indianapolis State IN Zip Code 46250-2672

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

Name of Employer MAVUM Risk Management Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 27 / 2010

**Transaction ID: 9507988**

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bryan Lanoix

Mailing Address 2301 Texas Street

City Lutcher State LA Zip Code 70071-5333

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

Name of Employer Lanoix Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010

**Transaction ID: 9507989**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
David Lanoix

Mailing Address 2301 Texas Street

City Lutcher State LA Zip Code 70071-5333

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

Name of Employer Lanoix Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010

**Transaction ID: 9507990**

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 29 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Kelly Oubre

Mailing Address 2301 Texas Street

City State Zip Code  
Lutcher LA 70071-5333

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

Name of Employer Lanoix Insurance Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 9507991

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Danielle Schexnayder

Mailing Address 2301 Texas Street

City State Zip Code  
Lutcher LA 70071-5333

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

Name of Employer Lanoix Insurance Agency Occupation Insurance Agents

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 9507992

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Wingate

Mailing Address 19 County Rd

City State Zip Code  
Mattapoisett MA 02739-1584

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

Name of Employer Peter P Briggs 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  
09 / 27 / 2010

**Transaction ID:** 9507993

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 30 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael McCartin	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 5000 Sunnyside Avenue Ste 200	<b>Transaction ID:</b> 9507994
	City State Zip Code Beltsville MD 20705-2327	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Joseph W. McCartin Insura- nce, 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>B.</b>	Full Name (Last, First, Middle Initial) Richard F. McKenny	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 5241 Viking Dr	<b>Transaction ID:</b> 9507995
	City State Zip Code Edina MN 55435-5313	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Advance Insurance Agency	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald P. Tubertini	Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010
	Mailing Address 795 Woodlands Parkway # 101	<b>Transaction ID:</b> 9507996
	City State Zip Code Ridgeland MS 39157-5217	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SouthGroup Insurance and Financial Ser	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas B. Ahart		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010		
	Mailing Address 2250 Belvidere Rd		<b>Transaction ID:</b> 9507998		
	City Phillipsburg	State NJ	Zip Code 08865-2116	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ahart Agency, Inc. dba Ah-art Frinzi & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) George Shaffer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010		
	Mailing Address 4910 Alameda Blvd NE		<b>Transaction ID:</b> 9508003		
	City Albuquerque	State NM	Zip Code 87113-1736	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Market Finders, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles R. Parsons		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010		
	Mailing Address 440 S Warren St The Galleries Suite 704		<b>Transaction ID:</b> 9508004		
	City Syracuse	State NY	Zip Code 13202-2634	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Parsons & Associates, In-c. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 500.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Angela Vasquez		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2010		
	Mailing Address 313 N Canyon St		<b>Transaction ID:</b> 9508053		
	City Carlsbad	State NM	Zip Code 88220-5866	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carlsbad Insurance Agency	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John Cooke		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 400 Harrison St Ste 201		<b>Transaction ID:</b> 9508348		
	City Batesville	State AR	Zip Code 72501-6900	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer White River Insurance Age- ncy, 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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Theodore M. Pappas		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 1725 DeSales St NW		<b>Transaction ID:</b> 9508350		
	City Washington	State DC	Zip Code 20036-4422	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The McLaughlin Company	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 72  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stark Harbour

Mailing Address 7695 Treeridge Court

City Atlanta State GA Zip Code 30350-3739

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

Name of Employer The Adams-Harbour Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2010

Transaction ID: 9508352

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Ross

Mailing Address 4153 Main St

City Chicago State IL Zip Code 60655

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

Name of Employer T A Cummings Jr Co Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1289.00

Date of Receipt 09 / 28 / 2010

Transaction ID: 9508355

Amount of Each Receipt this Period 289.00

**C.**

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

Mailing Address 115 E Third St

City West Liberty State IA Zip Code 52776-1401

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

Name of Employer Wuestenberg Agency, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 28 / 2010

Transaction ID: 9508356

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3039.00

**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 / 72  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
C Richard Clark

Mailing Address 132 S Lake Drive  
Suite 101

City State Zip Code  
Prestonsburg KY 41653-1903

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

Name of Employer  
Hall & Clark Insurance Ag-  
ency, 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  
09 / 28 / 2010

**Transaction ID:** 9508359

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry G. Mauzy

Mailing Address 9300 Shelbyville Rd # 510

City State Zip Code  
Louisville KY 40222-5164

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

Name of Employer  
Mauzy & Associates, Inc. Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 9508366

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph B. McClain

Mailing Address 820 S Main St

City State Zip Code  
Paris KY 40361-1706

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

Name of Employer  
The Hopewell Company, 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  
09 / 28 / 2010

**Transaction ID:** 9508367

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 35 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Folger		Date of Receipt
	Mailing Address 4325 Lake Boone Trail # 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Raleigh	NC	27607-7510
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9508376
Name of Employer TriSure Corporation		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"/> 150.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff Haney		Date of Receipt
	Mailing Address 4000 Park Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Charlotte	NC	28209-2274
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9508377
Name of Employer Edwards, Church & Muse, 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"/> 150.00
		<input type="text"/> 410.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stuart Pearsall		Date of Receipt
	Mailing Address 800 Eastowne Dr Ste 208		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Chapel Hill	NC	27514-2299
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 9508382
Name of Employer Business Insurers of the Carolinas		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 550.00
<b>TOTAL</b> 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 36 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Burns	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 800 CenterMain St	<b>Transaction ID:</b> 9508384
	City State Zip Code Clarion PA 16214-1161	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Burns & Burns Associates, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tim Edgmon	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 4800 E University Blvd Ste B	<b>Transaction ID:</b> 9508393
	City State Zip Code Odessa TX 79762-8124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Edgmon & Associates, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan Young	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 127 South Peyton Street	<b>Transaction ID:</b> 9508396
	City State Zip Code Alexandria VA 22314-2879	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Independent Insurance Age- nts & Brokers Occupation Director, Federal Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 37 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John H. Teske  
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 Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: 9508397  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Gray Marion  
Mailing Address 179 Summers St Ste 321  
City State Zip Code  
Charleston WV 25301-2131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IIAWV Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: 9508398  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Gaumond  
Mailing Address 17100 W Bluemound Rd Ste 200  
City State Zip Code  
Brookfield WI 53005-5950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer G2 Insurance Services, In-  
c. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: 9508400  
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 38 / 72  
(check only one)

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

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

**A.**

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

Mailing Address 3809 Computer Drive Ste 100

City Raleigh State NC Zip Code 27609-6518

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

Name of Employer Moore and Johnson Agency Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt 09 / 29 / 2010  
**Transaction ID: 9509482**  
Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
John H. Smith, Sr.

Mailing Address 380 Broadway

City Newburgh State NY Zip Code 12550-5304

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

Name of Employer William A Smith & Son Inc Occupation CPCU CLU ARM AAI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2010  
**Transaction ID: 9509485**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric I Stevens

Mailing Address 3809 Computer Drive Ste 100

City Raleigh State NC Zip Code 27609-6518

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

Name of Employer Moore and Johnson Agency Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 29 / 2010  
**Transaction ID: 9509486**  
Amount of Each Receipt this Period 150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 72  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Neal Sullivan

Mailing Address 421 Route 6

City State Zip Code  
Mahopac NY 10541-1501

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

Name of Employer Sullivan Financial Group, Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 9509487

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael E Wojcik

Mailing Address 10320 Orland Pkwy

City State Zip Code  
Orland Park IL 60467-5627

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 9518720

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 285 18th St SE

City State Zip Code  
Owatonna MN 55060-4064

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

Name of Employer Tincher Peterson & Sincok Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 9518721

Amount of Each Receipt this Period  
150.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 72

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

C Ross Turner III

Mailing Address 623 Halton Road

City State Zip Code  
Greenville SC 29607-3403

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

Name of Employer Occupation  
Turner Agency, Inc. President

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

Date of Receipt

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

Transaction ID: 9518723

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Keith Bills

Mailing Address 3818 Commerce St

City State Zip Code  
Grenada MS 38901-5140

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

Name of Employer Occupation  
Bills Insurance 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  
09 / 30 / 2010

Transaction ID: 9518914

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) .....

30396.00



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Steve Stivers

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: 9426132  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
Rob Woodall For Congress

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Rob Woodall

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 07

Transaction ID: 9426133  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091  
Suite 1000 James Building

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Charles Fleischmann

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Transaction ID: 9426134  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hoosiers For Rokita			<b>Transaction ID:</b> 9426136																					
	Mailing Address 7643 East U.S. 36			Date of Disbursement																					
	City Avon State IN Zip Code 46123			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
0	9		0	2		2	0	1	0																
Purpose of Disbursement			<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">1000.00</td> </tr> </table>		Amount of Each Disbursement this Period		1000.00																		
Amount of Each Disbursement this Period																									
1000.00																									
Candidate Name Mr. Theodore Rokita			011 Category/ Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: IN District: 04																									
<b>B.</b>	Full Name (Last, First, Middle Initial) Hoosiers For Rokita			<b>Transaction ID:</b> 9426137																					
	Mailing Address 7643 East U.S. 36			Date of Disbursement																					
	City Avon State IN Zip Code 46123			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
0	9		0	2		2	0	1	0																
Purpose of Disbursement			<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">1000.00</td> </tr> </table>		Amount of Each Disbursement this Period		1000.00																		
Amount of Each Disbursement this Period																									
1000.00																									
Candidate Name Mr. Theodore Rokita			011 Category/ Type																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: IN District: 04																									
<b>C.</b>	Full Name (Last, First, Middle Initial) Freedom Fund			<b>Transaction ID:</b> 9426138																					
	Mailing Address 128 North Columbus Street			Date of Disbursement																					
	City Alexandria State VA Zip Code 22314			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y															
0	9		0	2		2	0	1	0																
Purpose of Disbursement			<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">3500.00</td> </tr> </table>		Amount of Each Disbursement this Period		3500.00																		
Amount of Each Disbursement this Period																									
3500.00																									
Candidate Name Freedom Fund			011 Category/ Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 07</p>	<p><b>Transaction ID:</b> 9486169 <b>Date of Disbursement</b> 09 / 14 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Foxx For Congress</p> <p>Mailing Address P.O. Box 1100</p> <p>City Clemmons State NC Zip Code 27012</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Virginia Foxx</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 05</p>	<p><b>Transaction ID:</b> 9486170 <b>Date of Disbursement</b> 09 / 14 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nebraska Leadership PAC</p> <p>Mailing Address 420 C St NE</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 9487595 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

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

**8500.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kansans For Huelskamp	<b>Transaction ID:</b> 9487596	
	Mailing Address PO Box 410	Date of Disbursement 09 / 15 / 2010	
	City Fowler State KS Zip Code 67844	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Mr. Timothy Huelskamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Benishek For Congress	<b>Transaction ID:</b> 9487640	
	Mailing Address 802 Pentoga Trail	Date of Disbursement 09 / 15 / 2010	
	City Crystal Falls State MI Zip Code 49920	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Mr. Daniel Benishek Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) Lance For Congress	<b>Transaction ID:</b> 9487641	
	Mailing Address PO Box 225	Date of Disbursement 09 / 15 / 2010	
	City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Candidate Name Rep. Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 9487642 Date of Disbursement
	Mailing Address PO Box 1151	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hays State KS Zip Code 67601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Mr. Jerry Moran	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Moran For Kansas	Transaction ID: 9487643 Date of Disbursement
	Mailing Address PO Box 1151	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hays State KS Zip Code 67601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Mr. Jerry Moran	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Terri Sewell For Congress	Transaction ID: 9489471 Date of Disbursement
	Mailing Address P.O. Box 1964	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Birmingham State AL Zip Code 35201	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Ms. Terri Sewell	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> 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 & Brokers of America, Inc. Political Action Committ-  
ee (Insu

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Joe Heck

Office Sought:  House  Senate  President  
State: NV District: 03  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9499067

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Dan Burton For Congress Committee

Mailing Address P.O. Box 50593

City Indianapolis State IN Zip Code 46250

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Dan Burton

Office Sought:  House  Senate  President  
State: IN District: 05  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9499068

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Larry Bucshon

Office Sought:  House  Senate  President  
State: IN District: 08  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9499069

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Hurt For Congress	Transaction ID: 9499070 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 2	Amount of Each Disbursement this Period 5000.00
	City Chatham State VA Zip Code 24531	011 Category/ Type
	Purpose of Disbursement Candidate Name Mr. Robert Hurt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 9499071 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 3451	Amount of Each Disbursement this Period 5000.00
	City Concord State NH Zip Code 03302	011 Category/ Type
	Purpose of Disbursement Candidate Name Rep. Charles F. Bass Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Frank Guinta	Transaction ID: 9499072 Date of Disbursement 09 / 20 / 2010
	Mailing Address P.O. Box 877	Amount of Each Disbursement this Period 5000.00
	City Manchester State NH Zip Code 03105	011 Category/ Type
	Purpose of Disbursement Candidate Name Mr. Frank Guinta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Kelly Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:</p>	<p><b>Transaction ID:</b> 9499073 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pat Toomey for Congress</p> <p>Mailing Address 902 Union Boulevard</p> <p>City Allentown State PA Zip Code 18103</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Pat Toomey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 01</p>	<p><b>Transaction ID:</b> 9499074 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rock City PAC</p> <p>Mailing Address 1015 Stonebridge Park Drive</p> <p>City Franklin State TN Zip Code 37069</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 9499075 <b>Date of Disbursement</b> 09 / 20 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**8500.00**

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



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

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

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

A.	Full Name (Last, First, Middle Initial) Dan Boren for Congress	Transaction ID: 9499076 Date of Disbursement 09 / 20 / 2010
	Mailing Address P.O. Box 1924	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74401	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Dan Boren	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wyden For Senate	Transaction ID: 9499077 Date of Disbursement 09 / 20 / 2010
	Mailing Address 232 Ne 9th Avenue	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Ron Wyden	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza	Transaction ID: 9499078 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 2000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Dennis A. Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 9499079 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 37	Amount of Each Disbursement this Period 1000.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Vitter For Us Senate	Transaction ID: 9499080 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 1000.00
	City Metairie State LA Zip Code 70011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. David Vitter	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 9499081 Date of Disbursement 09 / 20 / 2010
	Mailing Address 14 Knightswood Drive	Amount of Each Disbursement this Period 1000.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. John Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499082 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Dennis Ross <hr/> Mailing Address PO Box 7310 <hr/> City Lakeland State FL Zip Code 33807 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Dennis Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499083 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Win Back America PAC <hr/> Mailing Address P.O. Box 1131 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499084 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">4500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Congressman Tim Holden

Mailing Address 18 North Second Street, Box 37

City State Zip Code  
Saint Clair PA 17970

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Tim Holden

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: PA District: 17

Transaction ID: 9499085

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Hoyer For Congress

Mailing Address 607 14th Street, Nw  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Steny H. Hoyer

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: MD District: 05

Transaction ID: 9499086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City State Zip Code  
Uwchland PA 19480

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. James W. Gerlach

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: PA District: 06

Transaction ID: 9499087

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) David Rivera For Congress <hr/> Mailing Address P.O. Box 520633 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. David Rivera <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499088 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Jordan For Congress <hr/> Mailing Address 1709 State Route 560 South <hr/> City Urbana State OH Zip Code 43078 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. James Jordan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499089 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee <hr/> Mailing Address P. O. Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499090 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
Senate Majority Fund

Mailing Address 507 Capitol Court, NE #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 9499095

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)  
Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

Candidate Name  
Sen. Johnny Isakson

Office Sought:  House  Senate  President

State: GA District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 9499096

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

3000.00

011  
Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)  
Mel Watt For Congress Committee

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement

Candidate Name  
Rep. Melvin L. Watt

Office Sought:  House  Senate  President

State: NC District: 12

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 9499098

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Andre Carson

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IN District: 07

Transaction ID: 9499099

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address P.O. Box 160

City Bellaire State OH Zip Code 43906

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Charles Wilson

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: OH District: 06

Transaction ID: 9499100

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles W. Dent

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: PA District: 15

Transaction ID: 9499101

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Timothy Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9499102 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9499103 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joe Donnelly For Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Joseph Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9499104 <b>Date of Disbursement:</b> 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

8000.00

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Childers For Congress <hr/> Mailing Address PO Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Travis Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499105 Date of Disbursement 09 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Advance Arkansas PAC <hr/> Mailing Address P.O. Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499106 Date of Disbursement 09 / 20 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Matheson For Congress <hr/> Mailing Address P.O. Box 521048 <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James D. Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499107 Date of Disbursement 09 / 20 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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 & Brokers of America, Inc. Political Action Committ-  
ee (Insu

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends For Gregory Meeks <hr/> Mailing Address 153-01 Jamaica Ave. Suite 535 <hr/> City Jamaica State NY Zip Code 11432 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Gregory W. Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 06	Transaction ID: 9499108 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Kirsten E. Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 9499109 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 08	Transaction ID: 9499110 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
Pompeo For Congress Inc.

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement  011 Category/Type

Candidate Name Mr. Michael Pompeo

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: KS District: 04

Transaction ID: 9499111  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
Responsibility and Freedom Work PAC

Mailing Address P.O. Box 1281

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  011 Category/Type

Candidate Name

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

State: District:

Transaction ID: 9499112  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

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

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement  011 Category/Type

Candidate Name Cory Gardner

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CO District: 04

Transaction ID: 9499113  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Huizenga For Congress <hr/> Mailing Address 441 William Court <hr/> City Zeeland State MI Zip Code 49464 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. William Huizenga <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9499967 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Toomey For Senate Committee <hr/> Mailing Address 2720 Jordan Road <hr/> City Orefield State PA Zip Code 18069 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Patrick Toomey <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9501647 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Trey Gowdy For Congress <hr/> Mailing Address PO Box 3324 <hr/> City Spartanburg State SC Zip Code 29304 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Trey Gowdy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9502007 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Scott For Congress	Transaction ID: 9502010 Date of Disbursement 09 / 22 / 2010
	Mailing Address P.O. Box 960821	Amount of Each Disbursement this Period 3500.00
	City Riverdale State GA Zip Code 30296	
	Purpose of Disbursement Candidate Name Rep. David Albert Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 9502011 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO Box 530788	Amount of Each Disbursement this Period 2000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement Candidate Name Rep. Thaddeus G. McCotter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com	Transaction ID: 9502012 Date of Disbursement 09 / 22 / 2010
	Mailing Address 7610 Foxfire Drive	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35802	
	Purpose of Disbursement Candidate Name Mo Brooks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Walter Jones Committee  Mailing Address PO Box 3962  City Greenville State NC Zip Code 27836  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Walter B. Jones, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 03	Transaction ID: 9502013 Date of Disbursement 09 / 22 / 2010  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Brave PAC  Mailing Address 499 South Capitol Street, SW Suite  City Washington State DC Zip Code 20003  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> 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:	Transaction ID: 9502014 Date of Disbursement 09 / 22 / 2010  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee  Mailing Address PO Box 54175  City Lubbock State TX Zip Code 79453  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Randy R. Neugebauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 19	Transaction ID: 9502499 Date of Disbursement 09 / 22 / 2010  Amount of Each Disbursement this Period 2000.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sherman For Congress</p> <p>Mailing Address 555 So.Flower St. Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9502533 <b>Date of Disbursement</b> 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Debicella For Congress</p> <p>Mailing Address 1 Lazybrook Road</p> <p>City Shelton State CT Zip Code 06484</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Mr. Dan Debicella</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9508071 <b>Date of Disbursement</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Daniel Webster For Congress</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Mr. Daniel Webster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9508072 <b>Date of Disbursement</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

8500.00

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





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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Pearce For Congress	Transaction ID: 9508994 Date of Disbursement
	Mailing Address P.O. Box 2696	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Hobbs State NM Zip Code 88241	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Stevan E. Pearce	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of David Harmer	Transaction ID: 9508995 Date of Disbursement
	Mailing Address 9321 Silverbend Lane	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Elk Grove State CA Zip Code 95624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. David Harmer	<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: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: 9518550 Date of Disbursement
	Mailing Address 5915 Eastman Avenue Suite 100	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Rep. David Lee Camp	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14000.00"/>
<b>TOTAL</b> 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 & Brokers of America, Inc. Political Action Committ-  
ee (Insu

<b>A.</b> Continuing a Majority Party Action Committee (CAMPAC) Mailing Address 2501 Wisconsin Ave, NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Continuing a Majority Party Action Committee (CAMP-AC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 9518551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

<b>B.</b> Crowley For Congress Mailing Address 84-56 Grand Avenue City Elmhurst State NY Zip Code 11373 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 07	<b>Transaction ID:</b> 9518718 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

<b>C.</b> Richard E Neal For Congress Committee Mailing Address 76 Magnolia Terrace City Springfield State MA Zip Code 01108 Purpose of Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name Rep. Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	<b>Transaction ID:</b> 9518719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Schock For Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Aaron Schock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18	Transaction ID: 9521245 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Candice Miller For Congress <hr/> Mailing Address P.O. Box 182152 <hr/> City Shelby Township State MI Zip Code 48318 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Candice S. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 10	Transaction ID: 9521246 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Duffy For Congress <hr/> Mailing Address PO Box 186 <hr/> City Ashland State WI Zip Code 54806 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Sean Duffy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 07	Transaction ID: 9521900 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

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

9000.00

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

**SCHEDULE B (FEC Form 3X)  
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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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Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-  
ee (Insu

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan For Congress <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Paul D. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: 9533277 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Rogers For Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Michael J. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08	Transaction ID: 9536564 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Hal Rogers For Congress <hr/> Mailing Address P.O. Box 1214 East Mt Vernon St <hr/> City Somerset State KY Zip Code 42502 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Harold Dallas Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 05	Transaction ID: 9537325 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">12000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pete Sessions For Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Pete Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9537327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Texans For Lamar Smith <hr/> Mailing Address PO Box 6155 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lamar S. Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 3000.00	
011 Category/ Type	<b>Transaction ID:</b> 9537329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2000.00
011 Category/ Type	Amount of Each Disbursement this Period 2000.00

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

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Volunteers For Shimkus <hr/> Mailing Address P.O. Box 661 PO Box 5458 <hr/> City State Zip Code Collinsville IL 62234 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Rep. John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19	Transaction ID: 9537332 Date of Disbursement <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Lungren For Congress <hr/> Mailing Address 9321 Silverbend Lane <hr/> City State Zip Code Elk Grove CA 95624 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Rep. Daniel E. Lungren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 03	Transaction ID: 9537333 Date of Disbursement <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address P.O. Box 1512 <hr/> City State Zip Code Athens GA 30601 <hr/> Purpose of Disbursement <span style="float: right;"><input type="text" value="011"/></span> Candidate Name Rep. Paul C. Broun <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10	Transaction ID: 9537334 Date of Disbursement <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text" value="212000.00"/>

**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 & Brokers of America, Inc. Political Action Committ-  
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A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9576711 Date of Disbursement 09 / 01 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 4.95
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING CHARGE

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 9576713 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 221.61
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING CHARGE

C.	Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions	Transaction ID: 9576714 Date of Disbursement 09 / 07 / 2010
	Mailing Address 38 Fountain Square Plaza	Amount of Each Disbursement this Period 647.05
	City Cincinnati State OH Zip Code 45263	
	Purpose of Disbursement CREDIT CARD PROCESSING CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>873.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

