

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2008 through 05 31 2008

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

Signature of Treasurer Electronically Filed by Robert A. Rusbuldt Date 06 20 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 228856.32 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 418949.67 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 77700.50 | 560136.84 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 496650.17 | 788993.16 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 131847.95 | 424190.94 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 364802.22 | 364802.22 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 52356.00 | 412257.00 |
| (i) Itemized (use Schedule A) | 25344.50 | 147879.84 |
| (ii) Unitemized | 77700.50 | 560136.84 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 77700.50 | 560136.84 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 77700.50 | 560136.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 77700.50 | 560136.84 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 129500.00 | 414500.00 |
| 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 | 100.00 | 250.00 |
| (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)) | 100.00 | 250.00 |
| 29. Other Disbursements..... | 2247.95 | 9440.94 |
| 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)).. | 131847.95 | 424190.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 131847.95 | 424190.94 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 77700.50 | 560136.84 |
| 34. Total Contribution Refunds (from Line 28(d)) | 100.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 77600.50 | 559886.84 |
| 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 / 77 |
| | <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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Harry W. Mattei | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 2065 Old Shell Rd | Transaction ID: 6722824 |
| | City State Zip Code Mobile AL 36607-3350 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Thames Batre Mattei Beville & Ison Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Betsy McClain | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 5775 Glenridge Dr NE | Transaction ID: 6722828 |
| | City State Zip Code Atlanta GA 30328-5380 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Tanner Ballew & Maloof, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) CJ Heidisch | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 6155 W Pierson Rd | Transaction ID: 6722841 |
| | City State Zip Code Flushing MI 48433-2336 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Innovative Insurance Concepts Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) John J. Vandenbossche | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 18400 East Nine Mile Rd | Transaction ID: 6722843 |
| | City State Zip Code Eastpointe MI 48021-1962 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Davis Vandenbossche Agency Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Daniel L. West | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 35735 Mound Rd | Transaction ID: 6722845 |
| | City State Zip Code Sterling Heights MI 48310-4728 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Alcos, Inc. Occupation Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Robert Casazza | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 6820 Bergenline Ave | Transaction ID: 6722848 |
| | City State Zip Code Guttenberg NJ 07093-1873 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Otterstedt Insurance Agency, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|------------------------------------------------------------------|---------------|
| 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 8 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Robert P. Carter | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 696 Dutchess Turnpike | Transaction ID: 6722849 |
| | City State Zip Code Poughkeepsie NY 12603-6444 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Carter-MGM Insurance Agency LLC Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Howard Thorp | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 107 Airport Rd | Transaction ID: 6722853 |
| | City State Zip Code Westerly RI 02891-3420 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Thorp & Trainer, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Russell Parker | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 600 Seacoast Parkway | Transaction ID: 6722858 |
| | City State Zip Code Mt Pleasant SC 29464-8247 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Riley & Associates, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Jack Puckett | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 67 Creekside Park Ct | Transaction ID: 6722859 |
| | City State Zip Code Greenville SC 29615-4810 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Capstone Insurance Services, LLC Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Stephen Bryant | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 532 Princeton Rd | Transaction ID: 6722861 |
| | City State Zip Code Johnson City TN 37601-2030 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Heritage Insurance Group Inc. - Johnso Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Tom Jennings | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 410 W Seventh St | Transaction ID: 6722863 |
| | City State Zip Code Columbia TN 38401-3135 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Redman-Davis, 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 | |

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|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1100.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 77 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Johnny H. Thompson | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 111 Westwood Place | Transaction ID: 6722865 |
| | City State Zip Code Brentwood TN 37027-5021 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Commercial Insurance Associates, LLC Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) James Allison | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 30 Sandstone Circle | Transaction ID: 6722866 |
| | City State Zip Code Jackson TN 38305-2073 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer The Allison Insurance Group, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Gary S. Frisch | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| | Mailing Address 2084 S Milwaukee St | Transaction ID: 6722903 |
| | City State Zip Code Denver CO 80210-3521 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Stailey Insurance Corporation Occupation Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

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

Mailing Address 47 West Street

City State Zip Code
Litchfield CT 06759-3501

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

Name of Employer
F. North Clark Insurance Agency

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: 6722905

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert L Hoppe

Mailing Address 2118 23rd St

City State Zip Code
Columbus NE 68601-3447

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

Name of Employer
American Heartland Insurance Agency, I

Occupation
Senior Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: 6722911

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
George H Brooks

Mailing Address 196 E Main St

City State Zip Code
Huntington NY 11743-2922

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

Name of Employer
Brooks & Brooks Insurance Agency, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: 6722912

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 77
(check only one)

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

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Joseph J Koch | | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| Mailing Address 720 Sunrise Hwy Koch Building | | Transaction ID: 6722915 |
| City Baldwin | State Zip Code NY 11510-3137 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Louis Koch Insurance Agencies Inc. | Occupation President | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) John Muhlbach | | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| Mailing Address 210 Erie St N | | Transaction ID: 6722922 |
| City Massillon | State Zip Code OH 44646-8450 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer A. A. Hammersmith Insurance, Inc. | Occupation Vice President | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Alan Green | | Date of Receipt MM / DD / YYYY 05 / 02 / 2008 |
| Mailing Address 313 E Main | | Transaction ID: 6722923 |
| City Hendersonville | State Zip Code TN 37075-3898 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Frost Insurance, Inc. | Occupation Insurance Agent | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 13 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John F. Byrnes

Mailing Address One Goodwin Square

City State Zip Code
Hartford CT 06103-4300

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

Name of Employer R.C. Knox & Company, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: 6743379

Amount of Each Receipt this Period
250.00

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

Mailing Address One Goodwin Square

City State Zip Code
Hartford CT 06103-4300

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

Name of Employer R.C. Knox & Company, Inc. Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: 6743381

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dennis D. Carter

Mailing Address 208 N Maple

City State Zip Code
Creston IA 50801-2361

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

Name of Employer Carter Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: 6743388

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 77
(check only one)

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

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

A.

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

Mailing Address 12800 Lake Blvd

City Lindstrom State MN Zip Code 55045-9345

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

Name of Employer Stein Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 6743397

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Scott Lemon

Mailing Address 806 Washington Avenue

City Ocean Springs State MS Zip Code 39564-4638

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

Name of Employer LMS, Inc. d/b/a Lemon Mohler Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 6743399

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mark K. Mohler, Sr.

Mailing Address 806 Washington Avenue

City Ocean Springs State MS Zip Code 39564-4638

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

Name of Employer LMS, Inc. d/b/a Lemon Mohler Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: 6743401

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 15 / 77

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Cindy Grams

Mailing Address 2603 W Charleston Blvd

City State Zip Code
Las Vegas NV 89102-2121

FEC ID number of contributing federal political committee. C

Name of Employer Cragin & Pike Inc Occupation Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2008

Transaction ID: 6743411

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Todd Morse

Mailing Address 2603 W. Charleston Blvd

City State Zip Code
Las Vegas NV 89102-2121

FEC ID number of contributing federal political committee. C

Name of Employer Cragin & Pike Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2008

Transaction ID: 6743421

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
William I. Slapin

Mailing Address 200 Sheffield St

City State Zip Code
Mountainside NJ 07092-2314

FEC ID number of contributing federal political committee. C

Name of Employer Slapin-Lieb & Co. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2008

Transaction ID: 6743435

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 16 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Beth Gardner | Date of Receipt MM / DD / YYYY 05 / 06 / 2008 |
| | Mailing Address 300 Hampton Rd | Transaction ID: 6743436 |
| | City State Zip Code Southampton NY 11968-5701 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Maran Corporate Risk Associates, Inc. Occupation: Agency Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Kathleen A. Weinheimer | Date of Receipt MM / DD / YYYY 05 / 06 / 2008 |
| | Mailing Address 5784 Widewaters Pkwy, 1st Fl | Transaction ID: 6743437 |
| | City State Zip Code Syracuse NY 13214-1890 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Ind Ins Agents & Brokers of New York I Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Christopher T. Williams | Date of Receipt MM / DD / YYYY 05 / 06 / 2008 |
| | Mailing Address PO Box 499 | Transaction ID: 6743438 |
| | City State Zip Code Pittsford NY 14534-0499 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Christopher Williams Agency, Inc. Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 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 17 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Stephen R. Zogby

Mailing Address Campion Commons

City State Zip Code
New Hartford NY 13413-0816

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

Name of Employer Occupation
Scalzo, Zogby & Wittig Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: 6743461

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
J.D. Boyle

Mailing Address 509 W Main St

City State Zip Code
Visalia CA 93291-6149

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

Name of Employer Occupation
Buckman-Mitchell Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: 6753106

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Clifford Dunbar

Mailing Address 509 W Main St

City State Zip Code
Visalia CA 93291-6149

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

Name of Employer Occupation
Buckman-Mitchell Inc. Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2008

Transaction ID: 6753111

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Robert Jester | | Date of Receipt MM / DD / YYYY 05 / 07 / 2008 | | |
| | Mailing Address 303 Watson Powell Jr Way | | Transaction ID: 6754527 | | |
| | City Des Moines | State IA | Zip Code 50309-1724 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Jester Insurance Services, Inc. | Occupation Insurance Agent | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jack E Miller | | Date of Receipt MM / DD / YYYY 05 / 07 / 2008 | | |
| | Mailing Address 300 Cherapa Place STE 601 | | Transaction ID: 6756105 | | |
| | City Sioux Falls | State SD | Zip Code 57117-5113 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Howalt-McDowell Insurance, Inc. | Occupation Vice President | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Jeffery Scherschligt | | Date of Receipt MM / DD / YYYY 05 / 07 / 2008 | | |
| | Mailing Address 300 Cherapa Place STE 601 | | Transaction ID: 6756112 | | |
| | City Sioux Falls | State SD | Zip Code 57117-5113 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Howalt-McDowell Insurance, Inc. | Occupation President | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 77
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Adrienne Powell

Mailing Address 4 Executive Park East NE
Ste 200

City Atlanta State GA Zip Code 30329-2212

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

Name of Employer Yates Insurance Agency Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 07 / 2008
Transaction ID: 6758483
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Andrew H. Knox

Mailing Address 139 Main St

City Thomson State GA Zip Code 30824-2615

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

Name of Employer Watson & Knox, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 07 / 2008
Transaction ID: 6758488
Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Yancey E. Lovelace

Mailing Address 1012 Douglas Ave

City Brewton State AL Zip Code 36426-1560

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

Name of Employer Escambia Insurance Agency, Inc. dba Th Occupation CIC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2008
Transaction ID: 6789518
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 / 77
(check only one)

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Eric C. Bossuk | | Date of Receipt MM / DD / YYYY 05 / 08 / 2008 |
| Mailing Address 23961 Craftsman Rd | | Transaction ID: 6789519 |
| City Calabasas | State CA | Zip Code 91302-1417 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Bossuk Insurance Agency, Inc. | Occupation Chief Financial Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) William P. Simons, III | | Date of Receipt MM / DD / YYYY 05 / 13 / 2008 |
| Mailing Address 910 17th St NW, 9th Fl | | Transaction ID: 6793081 |
| City Washington | State DC | Zip Code 20006-2601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Rust Insurance Agency | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Olana Markel | | Date of Receipt MM / DD / YYYY 05 / 13 / 2008 |
| Mailing Address 1710 Mira Largo Circle | | Transaction ID: 6793082 |
| City Ruskin | State FL | Zip Code 33570-3227 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Broadway Premium Financial Corp. | Occupation Regional Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 21 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kirk Huisenga
Mailing Address 955 2nd Ave
City Sibley State IA Zip Code 51249-1504
FEC ID number of contributing federal political committee. **C**
Name of Employer Huisenga-Pearson Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 13 / 2008
Transaction ID: 6793086
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Neil Record
Mailing Address 10942 Plank Rd
City Clinton State LA Zip Code 70722-3311
FEC ID number of contributing federal political committee. **C**
Name of Employer Record Agency Inc Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 13 / 2008
Transaction ID: 6793454
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lee Gaudette, III
Mailing Address One Plummers Corner
City Whitinsville State MA Zip Code 01588-2135
FEC ID number of contributing federal political committee. **C**
Name of Employer Gaudette Insurance Agency, Inc. Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 13 / 2008
Transaction ID: 6793456
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 77
(check only one)

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

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

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

Mailing Address 2402 W Willow

City Enid State OK Zip Code 73703-2324

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

Name of Employer Dillingham Insurance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 13 / 2008
Transaction ID: 6793459
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Bruce R. Jordan

Mailing Address 212 E Cherokee

City McAlester State OK Zip Code 74501-5330

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

Name of Employer Jordan Carris Agency Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 13 / 2008
Transaction ID: 6793462
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Steven E. Minard

Mailing Address 4646 E Van Buren St

City Phoenix State AZ Zip Code 85008-6915

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

Name of Employer Minard-Ames Insurance Gro-up Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: 05 / 13 / 2008
Transaction ID: 6794802
Amount of Each Receipt this Period: 251.00

SUBTOTAL of Receipts This Page (optional) ► 1251.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Nicholas A. Fanelli

Mailing Address 96 Main St

City State Zip Code
Canaan CT 06018-2461

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

Name of Employer Occupation
Raynard & Peirce, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: 6794804

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
W Meade Collinsworth

Mailing Address 23 Eganfuskee St

City State Zip Code
Jupiter FL 33477-5023

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

Name of Employer Occupation
Collinsworth, Alter, Lambert, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: 6794806

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Keith Gramling

Mailing Address 300 1st Ave S

City State Zip Code
St Petersburg FL 33733

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

Name of Employer Occupation
Wallace Welch & Willingham, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: 6794807

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 77
(check only one)

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

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

| | | | | | |
|-----------|------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Gerald E Ludwig, Jr | | Date of Receipt MM / DD / YYYY 05 / 13 / 2008 | | |
| | Mailing Address 300 S Orange Ave | | Transaction ID: 6794809 | | |
| | City Sarasota | State FL | Zip Code 34236-6804 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Ludwig-Walpole Company, Inc. | Occupation President | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Troy Randolph | | Date of Receipt MM / DD / YYYY 05 / 13 / 2008 | | |
| | Mailing Address 13894 Hanover Park Court | | Transaction ID: 6794810 | | |
| | City Jacksonville | State FL | Zip Code 32224-8606 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer AMGRO, Inc. | Occupation Senior Sales Manager | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mike McBride | | Date of Receipt MM / DD / YYYY 05 / 13 / 2008 | | |
| | Mailing Address 2301 W Big Beaver Rd Ste 400 | | Transaction ID: 6794822 | | |
| | City Troy | State MI | Zip Code 48084-3315 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Mason-McBride, Inc. | Occupation President | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

John B. Christenson

Mailing Address P O Box 187

City State Zip Code
Crosby MN 56441-0187

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

Name of Employer Occupation
Christenson Agcy Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 6794826

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

George S. Wilson

Mailing Address P O Box 7008

City State Zip Code
Rochester MN 55903-7008

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

Name of Employer Occupation
Heartman Insurance Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 6794836

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Bruce P Bonar

Mailing Address 314 S Broadway

City State Zip Code
Ada OK 74821

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

Name of Employer Occupation
Thompson Agency Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 6794840

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 26 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ed Gibbons

Mailing Address 201 W Watauga Ave

City Johnson City State TN Zip Code 37604-5623

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 6794846
Amount of Each Receipt this Period 500.00

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

Mailing Address 109 S Mecklenburg Ave

City South Hill State VA Zip Code 23970-2617

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

Name of Employer Crowder & Holloway Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 6794847
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Rodney P Ryan

Mailing Address 318 S Washington St

City Green Bay State WI Zip Code 54301-4242

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

Name of Employer Johnson Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 6794850
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

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

| | | |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 / 77 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------------------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Kevin J. Rader | | Date of Receipt | |
| | Mailing Address 3250 N 29th Ave | | M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6796130 |
| | Hollywood | FL | 33020-1313 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 100.00 | |
| Name of Employer Advanced Insurance Underwriters | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------------------------------------------|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Steven G. Buelow | | Date of Receipt | |
| | Mailing Address 910 S. Main | | M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6796141 |
| | Hope | AR | 71801-6525 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 50.00 | |
| Name of Employer Anderson-Frazier Insurance Agency of H | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------------------------------------------|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Paul Choate | | Date of Receipt | |
| | Mailing Address 100 W. Peach St. | | M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6796142 |
| | El Dorado | AR | 71730-5611 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 60.00 | |
| Name of Employer CMI Insurance | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 210.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Robb Dale

Mailing Address 110 Unity St

City State Zip Code
Bellingham WA 98225-4418

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

Name of Employer Occupation
The Unity Group Insurance & Financial CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2120.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 6796144

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tom Helbach

Mailing Address 306 Water St

City State Zip Code
Mosinee WI 54455-1458

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

Name of Employer Occupation
Mosinee Insurance Agency, Inc. Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 6796145

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Sharon Emek

Mailing Address 386 Park Ave South

City State Zip Code
New York NY 10016-8804

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

Name of Employer Occupation
CBS Coverage Group, Inc. Director

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 6796146

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Strande
Mailing Address 5241 Viking Dr
City Minneapolis State MN Zip Code 55435-5313
FEC ID number of contributing federal political committee. **C**
Name of Employer Advance Insurance Agency Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 16 / 2008
Transaction ID: 6796411
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Edward S. Mark
Mailing Address 119 S Exeter Ave
City Exeter State NE Zip Code 68351-0098
FEC ID number of contributing federal political committee. **C**
Name of Employer First National Insurance Agency, Inc. Occupation Pres. LUTCF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 16 / 2008
Transaction ID: 6796412
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Glenda K Blindert
Mailing Address 620 S Nebraska
City Salem State SD Zip Code 57058-0370
FEC ID number of contributing federal political committee. **C**
Name of Employer Blindert Insurance Agency, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 16 / 2008
Transaction ID: 6796416
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 30 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Thomas F. Wilkins

Mailing Address 140 W. Huffaker Lane

City State Zip Code
Reno NV 89511-2092

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

Name of Employer
Wilkins & Associates Insurance Service

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: 6796426

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
James W. Boyd, Jr

Mailing Address 120 E Washington St

City State Zip Code
Madison GA 30650-1358

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

Name of Employer
Jim Boyd & Associates, Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805953

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Terry L. Killingsworth

Mailing Address P O Box 738

City State Zip Code
Griffin GA 30224-0019

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

Name of Employer
Snider-Killingsworth Insurance

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805954

Amount of Each Receipt this Period
500.00

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

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Esther Peters | | Date of Receipt | |
| | Mailing Address 120 E Washington St | | M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6805955 |
| | Madison | GA | 30650-1358 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Jim Boyd & Associates, In-c. | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Barbara Malcom | | Date of Receipt | |
| | Mailing Address 120 E Washington St | | M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6805956 |
| | Madison | GA | 30650-1358 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Jim Boyd & Associates, In-c. | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Philip M. Beard | | Date of Receipt | |
| | Mailing Address 102 N 9th St | | M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6805957 |
| | Mount Vernon | IL | 62864-4002 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 600.00 | |
| Name of Employer Brooke Insurance dba The Insurance Sto | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 600.00 | | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 32 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address P O Box 13020

City Springfield State IL Zip Code 62791-3020

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

Name of Employer Wells Fargo Insurance Services Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 6805958

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Julie M. Hearing

Mailing Address P O Box 69

City Olney State IL Zip Code 62450-0069

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

Name of Employer Blank's Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 6805959

Amount of Each Receipt this Period 900.00

C. Full Name (Last, First, Middle Initial)
Todd C. Henricks

Mailing Address 103 S Jackson St

City Cerro Gordo State IL Zip Code 61818-0110

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

Name of Employer Chapman-Henricks Ins Agcy Inc Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 20 / 2008

Transaction ID: 6805960

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 77
(check only one)

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

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

A.

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

Mailing Address PO Box 463

City State Zip Code
Edwardsville IL 62025-0463

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

Name of Employer Southern Illinois Underwriters Inc
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805961

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 552 S Washington

City State Zip Code
Naperville IL 60540-6658

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

Name of Employer MIC Ins Brokerage
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805962

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 552 S Washington

City State Zip Code
Naperville IL 60540-6658

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

Name of Employer MIC Ins Brokerage
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805963

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 415 S 17 St

City State Zip Code
Mattoon IL 61938-5201

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

Name of Employer: Gardner-Whitworth Insurance Agency, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: 6805965
Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Delrae McCullough

Mailing Address PO Box 639

City State Zip Code
Louisburg KS 66053-0639

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

Name of Employer: Elliott Insurance Group Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: 6805976
Amount of Each Receipt this Period: 250.00

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

Mailing Address PO Box 82030

City State Zip Code
Baton Rouge LA 70884-2030

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

Name of Employer: Blumberg and Associates, Inc. Occupation: Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: 6805988
Amount of Each Receipt this Period: 280.00

SUBTOTAL of Receipts This Page (optional) ► 1130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Daniel Church

Mailing Address P O Box 511

City State Zip Code
Concord NH 03302-0511

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

Name of Employer The Rowley Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6805995

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
John Snipes, II

Mailing Address 105 N. Wilson Ave.

City State Zip Code
Dunn NC 28334-4228

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

Name of Employer Snipes Insurance Service, Inc. Occupation Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6806003

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dal Snipes

Mailing Address 105 N Wilson Ave

City State Zip Code
Dunn NC 28334-4228

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

Name of Employer Snipes Insurance Service, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6806004

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Ronald G. Campbell

Mailing Address 2800 W Country Club Dr

City State Zip Code
Oklahoma City OK 73116-4229

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

Name of Employer Occupation
The Insurance Center Agency, Inc. Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806006

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael F. Ross

Mailing Address 5101 N Classen Blvd

City State Zip Code
Oklahoma City OK 73118-4424

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

Name of Employer Occupation
North American Insurance Agency, Inc. President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806009

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steve M Maloof

Mailing Address 5775 Glenridge Dr NE

City State Zip Code
Atlanta GA 30328-5380

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Allan B. Webb

Mailing Address 310 Caverns Drive

City State Zip Code
Calhoun GA 30701-4744

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

Name of Employer Occupation
Graham-Naylor Agency, Inc. 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
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806013

Amount of Each Receipt this Period
1000.00

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

Mailing Address 201 S Locust St

City State Zip Code
Centralia IL 62801-3508

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806014

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
George M Daly

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 Occupation
The Horton Group, Inc Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6806015

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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 38 / 77 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Ted Joyce | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| | Mailing Address 900 N Michigan Ave | Transaction ID: 6806016 |
| | City State Zip Code Chicago IL 60611-1542 | Amount of Each Receipt this Period 750.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation JMB Insurance Agency, Inc. Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Brian V. Konen | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| | Mailing Address 2111 Plum | Transaction ID: 6806017 |
| | City State Zip Code Aurora IL 60506-3252 | Amount of Each Receipt this Period 600.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Konen Insurance Agency Inc Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Thomas G. Mollenhauer | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| | Mailing Address 23 North Lincolnway | Transaction ID: 6806018 |
| | City State Zip Code North Aurora IL 60542-1635 | Amount of Each Receipt this Period 600.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Pinnacle Insurance Agency, Inc. President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1950.00 |
| 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 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 25 Northwest Point Blvd

City State Zip Code
Elk Grove Village IL 60007-1056

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

Name of Employer Occupation
Corkill Insurance Agency President
Inc.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6806019

Amount of Each Receipt this Period
600.00

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

Mailing Address 125 W Main St

City State Zip Code
Maroa IL 61756-7503

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

Name of Employer Occupation
Stoutenborough Insurance Agency President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
726.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6806020

Amount of Each Receipt this Period
600.00

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

Mailing Address 628 Academy Drive

City State Zip Code
Northbrook IL 60062-2421

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 6806021

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 77
(check only one)

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

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Gregory Sandrock</p> <p>Mailing Address 107 S Main Street</p> <p>City State Zip Code Tampico IL 61283-7766</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cornerstone Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p> | <p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p>Transaction ID: 6806023</p> <p>Amount of Each Receipt this Period 600.00</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>B. Full Name (Last, First, Middle Initial) Charles J. Stewart</p> <p>Mailing Address 3438 N Southport</p> <p>City State Zip Code Chicago IL 60657-1420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lakeview Insurance Agency, Inc.</p> <p>Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p> | <p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p>Transaction ID: 6806024</p> <p>Amount of Each Receipt this Period 600.00</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>C. Full Name (Last, First, Middle Initial) Rick Sutton</p> <p>Mailing Address 7320 N Villa Lake Dr</p> <p>City State Zip Code Peoria IL 61614-8210</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Interstate Risk Placement Inc</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 850.00</p> | <p>Date of Receipt MM / DD / YYYY 05 / 20 / 2008</p> <p>Transaction ID: 6806025</p> <p>Amount of Each Receipt this Period 600.00</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 77
(check only one)

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Keith Verisario | | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| Mailing Address 1401 E Oakton St | | Transaction ID: 6806026 |
| City Des Plaines | State IL | Zip Code 60018-2171 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer All-Security 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 ▼ 750.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Thomas Walsh | | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| Mailing Address 188 Industrial Dr | | Transaction ID: 6806028 |
| City Elmhurst | State IL | Zip Code 60126-1623 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Affiliated Agencies | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Edward Cohen | | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| Mailing Address 24 S Main St | | Transaction ID: 6806031 |
| City Spring Valley | State NY | Zip Code 10977-4913 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Binder Agency | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 77
(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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Thomas J Crowley | | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| Mailing Address 300 Hampton Rd | | Transaction ID: 6806032 |
| City Southampton | State NY | Zip Code 11968-5701 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Maran Corporate Risk Associates, Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Marc Katz | | Date of Receipt MM / DD / YYYY 05 / 20 / 2008 |
| Mailing Address 1 Blue Hill Plaza | | Transaction ID: 6806033 |
| City Pearl River | State NY | Zip Code 10965-3104 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer The Mechanic Group, Inc. | Occupation Principal | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Bernie Trujillo | | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| Mailing Address 6180 W Viking Rd | | Transaction ID: 6812833 |
| City Las Vegas | State NV | Zip Code 89103-2236 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer McFadden 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 ▼ 500.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 77
(check only one)

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

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

A.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Larry Beach | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| Mailing Address 4544 E Camp Lowell Drive | | Transaction ID: 6821320 |
| City Tucson | State AZ | Zip Code 85712-1282 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer GBP Risk Solutions | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) John Suhr | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| Mailing Address 1190 Saratoga Ave | | Transaction ID: 6821326 |
| City San Jose | State CA | Zip Code 95129-3438 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Suhr Risk Services of California Insur | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Michael O. Clark | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| Mailing Address 135 E. 8th Avenue | | Transaction ID: 6821328 |
| City Rome | State GA | Zip Code 30161-5203 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Garner & Glover Co | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 44 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Garrett A. Fleming, III
Mailing Address 1115 W. 3rd Ave.
City Albany State GA Zip Code 31707-3659
FEC ID number of contributing federal political committee. **C**
Name of Employer Fleming Insurance Agency Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 28 / 2008
Transaction ID: 6821329
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Clinton Ivy
Mailing Address 1115 W. 3rd Ave.
City Albany State GA Zip Code 31707-3659
FEC ID number of contributing federal political committee. **C**
Name of Employer Fleming Insurance Agency Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 05 / 28 / 2008
Transaction ID: 6821331
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Gregory K. Crawford
Mailing Address 113 S State St
City Monticello State IL Zip Code 61856-1968
FEC ID number of contributing federal political committee. **C**
Name of Employer C F & H Insurance Agency, Inc. Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 28 / 2008
Transaction ID: 6821334
Amount of Each Receipt this Period 250.00

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

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 77 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Michelle L. Crawford-Stock | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| | Mailing Address 113 S State St | Transaction ID: 6821335 |
| | City State Zip Code Monticello IL 61856-1968 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer C F & H Insurance Agency, Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) John Kreisler | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| | Mailing Address 109 W 1st St | Transaction ID: 6821336 |
| | City State Zip Code O Fallon IL 62269-2051 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Warma Witter Kreisler & Associates | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Joseph P. Kennedy | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| | Mailing Address 124 N Kansas | Transaction ID: 6821344 |
| | City State Zip Code Frankfort KS 66427-1324 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Brooke Agency Services Co., LLC | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Edward Copple | | Date of Receipt | |
| | Mailing Address 1640 L Street | | M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6821350 |
| | Lincoln | NE | 68508-2581 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Copple Insurance Agency Inc | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Todd G. Mundhenke | | Date of Receipt | |
| | Mailing Address 118 East 2nd Street | | M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6821351 |
| | Ainsworth | NE | 69210-1459 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Mundhenke Agency, Inc. | | Occupation Insurance Agent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Theresa J. Smith-Engell | | Date of Receipt | |
| | Mailing Address 304 Nelson St | | M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6821352 |
| | Cambridge | NE | 69022-3592 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer HomeTown Agency | | Occupation Owner | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|-----------|-----------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Bret Buxton | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 | | |
| | Mailing Address 2807 N Ballard Rd | | Transaction ID: 6821357 | | |
| | City Appleton | State WI | Zip Code 54911-8701 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Buxton O'Neill Hellestad Insurance Age | Occupation Principal | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|-----------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Linda Steiner | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 | | |
| | Mailing Address 555 Main Street | | Transaction ID: 6821358 | | |
| | City Racine | State WI | Zip Code 53403-1000 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Johnson Insurance Services | Occupation Director of Operations | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mike Victorson | | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 | | |
| | Mailing Address 3113 West Beltline Hwy | | Transaction ID: 6821359 | | |
| | City Madison | State WI | Zip Code 53713-2830 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Mortenson Matzelle & Meldrum, Inc. | Occupation CEO of Insurance | Aggregate Year-to-Date 500.00 | | |

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

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

| | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 77 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Christopher T. Gaddis | | Date of Receipt | |
| | Mailing Address 150 S Wacker Dr | | M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6826263 |
| | Chicago | IL | 60606-4103 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Donald Gaddis Co Inc | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 500.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) William C. leuter | | Date of Receipt | |
| | Mailing Address 8700 W Bryan Mawr | | M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6826264 |
| | Chicago | IL | 60631-3512 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Secure Futures Insurance Agency | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 250.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Kenneth M. Samson | | Date of Receipt | |
| | Mailing Address 628 Academy Drive | | M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 6826267 |
| | Northbrook | IL | 60062-2421 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Dasco 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 ▼ | | |
| | | 1100.00 | | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 49 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Janet Koinzan
Mailing Address 520 S 2nd St
City Elgin State NE Zip Code 68636-3222
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Mart, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 29 / 2008
Transaction ID: 6826277
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Deb Schilz
Mailing Address 221 N. Spruce
City Ogallala State NE Zip Code 69153-2552
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Insurors of NE Occupation Agency Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 29 / 2008
Transaction ID: 6826279
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
William Sybesma, Jr
Mailing Address 200 Hamburg Tpke
City Wayne State NJ Zip Code 07470-2116
FEC ID number of contributing federal political committee. **C**
Name of Employer Business Service Agency Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 29 / 2008
Transaction ID: 6826281
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jerry Nies

Mailing Address 506 NE 4th Ave

City Camas State WA Zip Code 98607-2105

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

Name of Employer Nies Insurance Agency Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2008

Transaction ID: 6826282

Amount of Each Receipt this Period 500.00

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

Mailing Address 330 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3170

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

Name of Employer Robertson-Ryan & Associates Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2008

Transaction ID: 6826283

Amount of Each Receipt this Period 300.00

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

Mailing Address 832 Niagara Ave

City Sheboygan State WI Zip Code 53081-4014

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

Name of Employer Maritime Insurance Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2008

Transaction ID: 6826284

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

| | | | | |
|-------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 51 / 77 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mike Iverson | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1117 Perimeter Center West | | <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>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 3 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 5 | | 1 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 6963877 | | | | | | | | | | | | | | | | | | | | |
| | Atlanta | GA | 30338-5451 | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | 250.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Snellings Walters Insurance | | Occupation Insurance Agent | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | |
| | | 250.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 52356.00 |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Tiaht for Congress</p> <p>Mailing Address 2250 N Rock Rd Ste 118A</p> <p>City Wichita State KS Zip Code 67226-2325</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Todd Tiaht</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 04</p> | <p>Transaction ID: 6792415 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1337</p> <p>City Portland State ME Zip Code 04104-1337</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:</p> | <p>Transaction ID: 6792416 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address P.O. Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:</p> | <p>Transaction ID: 6792417 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Kenny Marchant for Congress <hr/> Mailing Address PO Box 110187 <hr/> City Carrollton State TX Zip Code 75011 <hr/> Purpose of Disbursement 011 Candidate Name Kenny Marchant Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24 | Transaction ID: 6796185 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div> |
| B. | Full Name (Last, First, Middle Initial) Mike Ross for Congress <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857-0360 <hr/> Purpose of Disbursement 011 Candidate Name Mike Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04 | Transaction ID: 6796186 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div> |
| C. | Full Name (Last, First, Middle Initial) Allen Boyd for Congress <hr/> Mailing Address P.O. Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement 011 Candidate Name Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02 | Transaction ID: 6796187 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Garrett for Congress <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement <hr/> Candidate Name Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6796188 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Dan Boren for Congress <hr/> Mailing Address P.O. Box 1924 <hr/> City Muskogee State OK Zip Code 74401 <hr/> Purpose of Disbursement <hr/> Candidate Name Dan Boren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6796189 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 3000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Crowley for Congress <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Joseph Crowley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6796190 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Crowley for Congress

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Joseph Crowley

Office Sought: House Senate President
State: NY District: 07
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 6796191
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730
C/O C. Bruce Lawrence

City Honeoye State NY Zip Code 14471

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Louise Slaughter

Office Sought: House Senate President
State: NY District: 28
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 6796192
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
National Leadership PAC

Mailing Address P.O. Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement

011
Category/
Type

Candidate Name

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

Transaction ID: 6796193
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Sue Myrick for Congress

Transaction ID: 6796194
Date of Disbursement

Mailing Address PO Box 37091

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |

City Charlotte State NC Zip Code 28237-7091

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 1000.00 |
|---------|

Candidate Name
Sue Myrick

Office Sought: House Senate President
State: NC District: 09
Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Ackerman for Congress

Transaction ID: 6796195
Date of Disbursement

Mailing Address 100 Jericho Quadrangle #233

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |

City Jericho State NY Zip Code 11753

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 1000.00 |
|---------|

Candidate Name
Gary Ackerman

Office Sought: House Senate President
State: NY District: 05
Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Kevin Mccarthy For Congress

Transaction ID: 6796196
Date of Disbursement

Mailing Address P.O. Box 12667

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |

City Bakersfield State CA Zip Code 93389

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 1000.00 |
|---------|

Candidate Name
Rep. Kevin McCarthy

Office Sought: House Senate President
State: CA District: 22
Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Ros-Lehtinen for Congress | Transaction ID: 6796197 Date of Disbursement |
| | Mailing Address PO Box 52-2784 | <input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Miami State FL Zip Code 33152-2784 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Ileana Ros-Lehtinen | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Lincoln Davis for Congress | Transaction ID: 6796198 Date of Disbursement |
| | Mailing Address P.O. Box 350 | <input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Jamestown State TN Zip Code 38556 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Lincoln Davis | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) DeMint for Senate Committee | Transaction ID: 6796199 Date of Disbursement |
| | Mailing Address P.O. Box 12425 | <input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Columbia State SC Zip Code 29211 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name Jim DeMint | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Roskam for Congress | Transaction ID: 6796200 Date of Disbursement 05 / 09 / 2008 |
| | Mailing Address PO Box 713 | Amount of Each Disbursement this Period 1000.00 |
| | City Wheaton State IL Zip Code 60189-0713 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Peter Roskam | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Senate Majority Fund | Transaction ID: 6796201 Date of Disbursement 05 / 09 / 2008 |
| | Mailing Address 507 Capitol Court, NE #100 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20002 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Kuhl for Congress | Transaction ID: 6796202 Date of Disbursement 05 / 09 / 2008 |
| | Mailing Address 10 Gansevoort St | Amount of Each Disbursement this Period 2500.00 |
| | City Bath State NY Zip Code 14810-1611 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name John Kuhl | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | | | | | | | | | | | | | | | | | | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Tom Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement 011 Candidate Name Tom Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06 | Transaction ID: 6796203 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Rd Ste I <hr/> City West Chester State OH Zip Code 45069-6628 <hr/> Purpose of Disbursement 011 Candidate Name John Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08 | Transaction ID: 6796204 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) LaTourette for Congress <hr/> Mailing Address 217 3rd St SE <hr/> City Washington State DC Zip Code 20003-1904 <hr/> Purpose of Disbursement 011 Candidate Name Steve LaTourette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14 | Transaction ID: 6796205 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) RedPAC <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement <hr/> Candidate Name RedPAC <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: 6796206 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1500.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Schock For Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Aaron Schock <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6796207 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 |
| | 011 Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 422 C St NE Lower Level <hr/> City Washington State DC Zip Code 20002-5818 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6796208 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) ERIC PAC | Transaction ID: 6796209 |
| | Mailing Address 209 Pennsylvania Ave, SE | Date of Disbursement 05 / 09 / 2008 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Manzullo for Congress | Transaction ID: 6796210 |
| | Mailing Address PO Box 368 | Date of Disbursement 05 / 09 / 2008 |
| | City Falls Church State VA Zip Code 22040 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Donald A. Manzullo | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Sherman For Congress | Transaction ID: 6821055 |
| | Mailing Address 4570 Van Nuys Blvd # 270 | Date of Disbursement 05 / 21 / 2008 |
| | City Sherman Oaks State CA Zip Code 91403-2913 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Brad Sherman | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) John Carter for Congress | Transaction ID: 6821057 Date of Disbursement 05 / 21 / 2008 |
| | Mailing Address PO Box 6930 | |
| | City Round Rock State TX Zip Code 78683 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Candidate Name John Carter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Henry Brown for Congress | Transaction ID: 6821058 Date of Disbursement 05 / 21 / 2008 |
| | Mailing Address P.O. Box 61886 | |
| | City North Charleston State SC Zip Code 29419 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Candidate Name Henry Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Alan Mollohan for Congress Cmte. | Transaction ID: 6821065 Date of Disbursement 05 / 21 / 2008 |
| | Mailing Address PO Box 1343 | |
| | City Fairmont State WV Zip Code 26555-1343 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement Candidate Name Alan Mollohan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type |

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|------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Keep Nick Rahall in Congress Cmte. <hr/> Mailing Address PO Box 64 <hr/> City Beckley State WV Zip Code 25802-0064 <hr/> Purpose of Disbursement <hr/> Candidate Name Nick Rahall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821067 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339-1519 <hr/> Purpose of Disbursement <hr/> Candidate Name Shelley Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821069 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 Category/Type 011 |
| C. Full Name (Last, First, Middle Initial) Tim Walz For Us Congress <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Timothy Walz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821070 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 3000.00 Category/Type 011 |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Alexander for Senate <hr/> Mailing Address 1130 8th Avenue South <hr/> City Nashville State TN Zip Code 37203 <hr/> Purpose of Disbursement <hr/> Candidate Name Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821071 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Enzi for Senate <hr/> Mailing Address PO Box 2775 <hr/> City Cody State WY Zip Code 82414-2775 <hr/> Purpose of Disbursement <hr/> Candidate Name Mike Enzi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821072 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Lindsey Graham for US Senate <hr/> Mailing Address 211 N Union St Ste 200 <hr/> City Alexandria State VA Zip Code 22314-2643 <hr/> Purpose of Disbursement <hr/> Candidate Name Lindsey Graham <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821073 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Friends of Sessions Senate Cmte.</p> <p>Mailing Address 900 Second Street NE Suite 114</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jeff Sessions</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District:</p> | <p>Transaction ID: 6821074 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of John Barrasso</p> <p>Mailing Address 406 Virginia Avenue</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name John Barrasso</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WY District:</p> | <p>Transaction ID: 6821075 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee</p> <p>Mailing Address 407 W Jefferson Street</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. James Risch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p> | <p>Transaction ID: 6821076 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Next Century Fund | Transaction ID: 6821077 Date of Disbursement 05 / 21 / 2008 |
| | Mailing Address 116 S Royal St | Amount of Each Disbursement this Period 5000.00 |
| | City Alexandria State VA Zip Code 22314-3328 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Dan Boren for Congress | Transaction ID: 6821078 Date of Disbursement 05 / 21 / 2008 |
| | 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Cmte to re-elect Nydia Velazquez | Transaction ID: 6821079 Date of Disbursement 05 / 21 / 2008 |
| | Mailing Address 315 Inspiration Ln | Amount of Each Disbursement this Period 1500.00 |
| | City Gaithersburg State MD Zip Code 20878-5808 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Nydia Velazquez | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 12 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Cmte. to Re-elect Ed Towns Mailing Address 438 Lewis Ave City Brooklyn State NY Zip Code 11233-1726 Purpose of Disbursement Candidate Name Ed Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821080 Date of Disbursement <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/> |
| | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| B. Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street City Lewiston State ME Zip Code 04240 Purpose of Disbursement Candidate Name Rep. Michael Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821081 Date of Disbursement <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/> |
| | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| C. Full Name (Last, First, Middle Initial) Citizens to Elect Larsen Mailing Address PO Box 326 City Everett State WA Zip Code 98206-0326 Purpose of Disbursement Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6821082 Date of Disbursement <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="22"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="08"/> <input type="text" value="08"/> |
| | Amount of Each Disbursement this Period <input type="text" value="2000.00"/> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)

Alexander for Senate

Mailing Address 1130 8th Avenue South

City Nashville State TN Zip Code 37203

Purpose of Disbursement

011
Category/
Type

Candidate Name
Lamar Alexander

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TN District:

Transaction ID: 6831324

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MintPAC

Mailing Address 700 12th Street, NW Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name

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

Transaction ID: 6831325

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lindsey Graham for US Senate

Mailing Address 211 N Union St Ste 200

City Alexandria State VA Zip Code 22314-2643

Purpose of Disbursement

011
Category/
Type

Candidate Name
Lindsey Graham

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: SC District:

Transaction ID: 6831327

Date of Disbursement

05 / 28 / 2008

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Harvest PAC | Transaction ID: 6831328 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 236 Massachusetts Ave NE Ste 508 | Amount of Each Disbursement this Period 2500.00 |
| | City Washington State DC Zip Code 20002-4980 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) More Conservatives PAC | Transaction ID: 6831329 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 675 N Washington St Ste 410 | Amount of Each Disbursement this Period 5000.00 |
| | City Alexandria State VA Zip Code 22314-1939 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Roskam for Congress | Transaction ID: 6831331 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address PO Box 713 | Amount of Each Disbursement this Period 1000.00 |
| | City Wheaton State IL Zip Code 60189-0713 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Peter Roskam | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Heller For Congress | Transaction ID: 6831332 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 7840 Red Leaf Drive | Amount of Each Disbursement this Period 1500.00 |
| | City Las Vegas State NV Zip Code 89131 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Dean Heller | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Ben Nelson for U.S. Senate | Transaction ID: 6831334 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 420 C St NE FI 1 | Amount of Each Disbursement this Period 1000.00 |
| | City Washington State DC Zip Code 20002-5818 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Ben Nelson | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) The Elizabeth Dole Committee | Transaction ID: 6831336 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address PO Box 2918 | Amount of Each Disbursement this Period 2000.00 |
| | City Raleigh State NC Zip Code 27602-2918 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Elizabeth Dole | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dave Camp for Congress | Transaction ID: 6831338 Date of Disbursement |
| | Mailing Address PO Box 423 | <input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Midland State MI Zip Code 48640 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Dave 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) Judy Biggert For Congress | Transaction ID: 6831340 Date of Disbursement |
| | Mailing Address 1465 Stoddard Ave | <input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Wheaton State IL Zip Code 60187-3708 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Judy Biggert | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) Graves for Congress | Transaction ID: 6831342 Date of Disbursement |
| | Mailing Address 2345 Grand Blvd Ste 2400 | <input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Kansas City State MO Zip Code 64108-2642 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Samuel Graves | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Charlie Wilson for Congress <hr/> Mailing Address 800 Main St <hr/> City Bridgeport State OH Zip Code 43912-1477 Purpose of Disbursement <hr/> Candidate Name Charlie Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6831344 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547-1919 Purpose of Disbursement <hr/> Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6831345 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 200 E Jefferson St <hr/> City Falls Church State VA Zip Code 22046-3531 Purpose of Disbursement <hr/> Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6831346 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Bachmann For Congress | Transaction ID: 6831347 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address Box 49756 | Amount of Each Disbursement this Period 1000.00 |
| | City Blaine State MN Zip Code 55449 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Michele Bachmann | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel | Transaction ID: 6831348 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address P.O. Box 101124 | Amount of Each Disbursement this Period 1000.00 |
| | City Chicago State IL Zip Code 60610 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rahm Emanuel | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) David Scott for Congress | Transaction ID: 6831349 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 225 Peachtree St NE Ste 1205 | Amount of Each Disbursement this Period 1000.00 |
| | City Atlanta State GA Zip Code 30303-1729 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name David Scott | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Texans for Lamar Smith | Transaction ID: 6831351 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 5701 Broadway Suite 104 | Amount of Each Disbursement this Period 1000.00 |
| | City San Antonio State TX Zip Code 78209 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Lamar Smith | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Friends of Max Baucus | Transaction ID: 6831352 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address P.O. Box 568 | Amount of Each Disbursement this Period 1500.00 |
| | City Helena State MT Zip Code 59624 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Max Baucus | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) BADGERPAC | Transaction ID: 6831353 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 38 Ivy Street, SE | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20003 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------|
| 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 OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Bilirakis for Congress | | | Transaction ID: 6831355 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 606 | | | <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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | |
| City Tarpon Springs | | State FL | Zip Code 34688-0606 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | | | <table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> | | | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Gus Bilirakis | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |
| State: FL District: 09 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Tom Feeney for Congress | | | Transaction ID: 6831356 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 610 S. Blvd, Suite 100 | | | <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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | |
| City Tampa | | State FL | Zip Code 33606 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | | | <table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> | | | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Tom Feeney | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |
| State: FL District: 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Cathy McMorris for Congress | | | Transaction ID: 6964071 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 137 | | | <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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 0 | 5 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | | | |
| City Spokane | | State WA | Zip Code 99210 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | | | <table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> | | | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Cathy McMorris | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |
| State: WA District: 05 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------------------------------------------------------------|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 129500.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Processing Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 6963869 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/ Type</p> <p>Credit Card Processing Charge</p> |
| <p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Processing Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 6963870 Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 918.91</p> <p>001 Category/ Type</p> <p>Credit Card Processing Charge</p> |
| <p>C. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions</p> <p>Mailing Address 38 Fountain Square Plaza</p> <p>City Cincinnati State OH Zip Code 45263</p> <p>Purpose of Disbursement Credit Card Processing Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 6963872 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>001 Category/ Type</p> <p>Credit Card Processing Charge</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

943.41

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 77 / 77

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

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

A.

Full Name (Last, First, Middle Initial)
Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City State Zip Code
Cincinnati OH 45263

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 6963873
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

1199.64

Credit Card Processing Charge

B.

Full Name (Last, First, Middle Initial)
Paypal Inc.

Mailing Address 1840 Embarcadero Rd

City State Zip Code
Palo Alto CA 94303

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 6963874
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

89.90

Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional) ►

1289.54

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

2232.95