

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00039578 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 10/20/2016 through MM/DD/YYYY 11/28/2016

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

Signature of Treasurer Crerar, A., , Ken, [Electronically Filed] Date MM/DD/YYYY 12/08/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		282662.06
(b) Cash on Hand at Beginning of Reporting Period.....	1138997.77	
(c) Total Receipts (from Line 19)	65110.43	1940730.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1204108.20	2223392.80
7. Total Disbursements (from Line 31).....	259569.87	1278854.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	944538.33	944538.33
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

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56784.11	1100921.52
(ii) Unitemized	7326.32	113309.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64110.43	1214230.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64110.43	1224230.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	700000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	16500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	65110.43	1940730.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	65110.43	1940730.74

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2069.87	25952.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2069.87	25952.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	257500.00	1251752.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	650.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	259569.87	1278854.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	259569.87	1278854.47

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	64110.43	1224230.74
34. Total Contribution Refunds (from Line 28(d))	0.00	650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64110.43	1223580.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2069.87	25952.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	700000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2069.87	-674047.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hilb, Robert, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Lower Tuckahoe Rd West

City Richmond	State VI	Zip Code 23238
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hilb Group, The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091412

Amount of Each Receipt this Period
2500.00

Memo Item

B. Bouvier, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 North Main Street

City West Hartford	State CT	Zip Code 06107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bouvier Insurance	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091414

Amount of Each Receipt this Period
1000.00

Memo Item

C. Frattarola, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 State St
Floor 23

City New York	State NY	Zip Code 10004-1501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Herbert L. Jamison & Co. LLC of NY	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091416

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Meisenbach, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 4th Ave, Ste 2100
 Ste 2100
 City Seattle State WA Zip Code 98101-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCM Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091417
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Johnson, Gerald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091418
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Wiederin, Lori, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091419
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Buttolph, Heidi, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2808 Scenic Place

City West Des Moines	State IA	Zip Code 50265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091420

Amount of Each Receipt this Period
250.00

Memo Item

B. Boyd, Chris, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12712 Park Central Drive

City Dallas	State TX	Zip Code 75251
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091421

Amount of Each Receipt this Period
1400.00

Memo Item

C. Foley, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091422

Amount of Each Receipt this Period
1515.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Schmidt, Jarrett, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6300 West 143rd Street
Suite 200

City Overland Park State KS Zip Code 66223

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 20 / 2016
Transaction ID : 40091424

Amount of Each Receipt this Period 750.00

Memo Item

B. Spencer, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6300 West 143rd Street
Suite 200

City Overland Park State KS Zip Code 66223

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 20 / 2016
Transaction ID : 40091425

Amount of Each Receipt this Period 800.00

Memo Item

C. Bishop, Dennis, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Saddlebrook Way

City Bartonville State TX Zip Code 76226

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 20 / 2016
Transaction ID : 40091426

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4050.00

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 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Watts, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 W. 143rd Street
 Suite 200
 City Overland Park State KS Zip Code 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091427
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Freiermuth, Jay, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 566.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091429
 Amount of Each Receipt this Period
 566.00
 Memo Item

C. Scarpinato, Jeffrey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 SW Water Street, Ste 211
 City Peoria State IL Zip Code 61602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : 40091435
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1216.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Deimerly, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 Westown Pkwy

City West Des Moines	State IA	Zip Code 50266-1321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091437

Amount of Each Receipt this Period
321.00

Memo Item

B. Reid, Arden, M, Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13810 FNB Parkway, Suite 300

City Omaha	State NE	Zip Code 68154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091440

Amount of Each Receipt this Period
500.00

Memo Item

C. Burt, Cameron, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13810 FNB Parkway, Suite 300

City Omaha	State NE	Zip Code 68154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091441

Amount of Each Receipt this Period
375.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1196.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kirklin, Edward, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13810 FNB Parkway, Suite 300

City Omaha	State NE	Zip Code 68154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091442

Amount of Each Receipt this Period
500.00

Memo Item

B. Krier, Greg, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5120 S Solberg Avenue

City Sioux Falls	State SD	Zip Code 57108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Holmes Murphy & Associates, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091444

Amount of Each Receipt this Period
400.00

Memo Item

C. Doherty, Brian, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18050 Saturn Lane, Suite 200

City Houston	State TX	Zip Code 77058
-----------------	-------------	-------------------

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

Name of Employer (for Individual) AssuredPartners, Inc. (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Transaction ID : 40091445

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Bertke, Nicholas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2016 Laurel Creek Dr

City Troy	State OH	Zip Code 45373-9259
--------------	-------------	------------------------

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

Name of Employer (for Individual) Marsh & McLennan Agency	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Transaction ID : 40108555

Amount of Each Receipt this Period
250.00

Memo Item

B. Williams, Alfred, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Forest Heights Drive

City Little Rock	State AR	Zip Code 72207-4342
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BancorpSouth Insurance Services Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Transaction ID : 40108556

Amount of Each Receipt this Period
5000.00

Memo Item

C. Marshall, Lori, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8315 Cantrell, Suite 300

City Little Rock	State AR	Zip Code 72227
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BancorpSouth Insurance Services Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

Transaction ID : 40108557

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Boone, Sam, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8342 Via Rosa
 City Orlando State FL Zip Code 32836-8788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Self Insured Services Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115426
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bell, Ross, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 Waterford Pl
 City Hattiesburg State MS Zip Code 39402-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stewart Sneed Hewes / BancorpSouth Ins Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115427
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Judd, James, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Santin Cir
 City Bedford State OH Zip Code 44146-3455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115428
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 15 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brown, Kent, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 Lake Ridge Drive
 City Fort Wayne State IN Zip Code 46804-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115429
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Catania, Paul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5758 Williamsburg Cir
 City Hudson State OH Zip Code 44236-3780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115430
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Bowman, Cynthia, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115433
 Amount of Each Receipt this Period 180.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	329.00
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 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edmonds, Robert, W, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St
 Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115434
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Moody, Steffan, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115436
 Amount of Each Receipt this Period 83.36
 Memo Item

C. Schwab, Jeffrey, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 Sheerbrook Dr.
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115437
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Waybright, Michael, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 California Ave
 City Lorain State OH Zip Code 44052-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 799.72

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115438
 Amount of Each Receipt this Period 160.00
 Memo Item

B. Spinelli, Frank, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20317 Collier Dr
 City Strongsville State OH Zip Code 44149-4067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115439
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Barss, Robert, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115443
 Amount of Each Receipt this Period 275.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	476.68
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barisono, Anthony, J, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33501 Lyons Gate Run
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 10 / 25 / 2016
Transaction ID : 40115444
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Fisher, William, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20771 Woodstock Avenue
 City Fairview Park State OH Zip Code 44126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt
 10 / 25 / 2016
Transaction ID : 40115445
 Amount of Each Receipt this Period 83.32
 Memo Item

C. Sadlier, Jonathan, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19910 Eldora Road
 City Rocky River State OH Zip Code 44116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt
 10 / 25 / 2016
Transaction ID : 40115446
 Amount of Each Receipt this Period 83.36
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 246.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Feliciano, Brian, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Marguerite Ave.
 City Cuyahoga Falls State OH Zip Code 44221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115448
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ferenchak, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115450
 Amount of Each Receipt this Period 48.00
 Memo Item

C. Curtis, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 West Big Beaver Road Suite 400 Suite 400
 City Troy State MI Zip Code 48084-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.08

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115451
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.84
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 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. McManamon, Todd, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115453
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Carlton, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW
 Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115457
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jung, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Avenue
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.40

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115458
 Amount of Each Receipt this Period 91.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	221.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 122
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Callahan, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.18

Date of Receipt 10 / 25 / 2016
Transaction ID : 40115459
 Amount of Each Receipt this Period 16.68
 Memo Item

B. Holland, Marc, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9229 Legacy Ct
 City Temperance State MI Zip Code 48182-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149052
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Jennings, Clayton, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10633 Indian Ridge Drive
 City Fort Wayne State IN Zip Code 46814-9091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149055
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ugljesa, Michael, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8259 Michelle Lane

City Lambertville	State MI	Zip Code 48144-9582
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : 40149059

Amount of Each Receipt this Period
41.68

Memo Item

B. McDermott, John, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5826 Winslow Rd

City Whitehouse	State OH	Zip Code 43571-9188
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : 40149060

Amount of Each Receipt this Period
22.92

Memo Item

C. Dilts, W. Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2549 E Summer Creek Dr

City Bloomington	State IN	Zip Code 47401-8201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : 40149061

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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)
The Council of Insurance Agents & Brokers Political Action Committee

A. McDaniel, Patrick, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50243 Livingston Drive
 City Northville State MI Zip Code 48168-6804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149063
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Lash, James, R, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11661 Big Bone Rd
 City Union State KY Zip Code 41091-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.68

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149065
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Holloway, Mark, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2029 Chesnut Cresent
 City Saline State MI Zip Code 48176-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 238.92

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149071
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 106.28
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. O'Donnell, Kevin, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 West Big Beaver Road
 City Troy State MI Zip Code 48084-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.16

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149072
 Amount of Each Receipt this Period 22.92
 Memo Item

B. Ligus, Stephen, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4207 Keswick Drive
 City Brunswick State OH Zip Code 44212-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149074
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Stewart, Rebecca, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4326 Westway St
 City Toledo State OH Zip Code 43612-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.92

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149079
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donavan, Guylaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW
 Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149081
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Norris, David, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 Sapphire Dr.
 City Carmel State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.68

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149083
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Madison, Thomas, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3583 Westcott Drive SE
 City Ada State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 238.92

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149084
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 94.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mowery, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Parkway
Suite 330

City Lake Mary State FL Zip Code 32746

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149086

Amount of Each Receipt this Period 30.00

Memo Item

B. Herr, Andria, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Parkway
Suite 330

City Lake Mary State FL Zip Code 32746

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149087

Amount of Each Receipt this Period 50.00

Memo Item

C. Enlow, Ken, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13402 Lake Turnberry Circle

City Orlando State FL Zip Code 32828

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 229.16

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149088

Amount of Each Receipt this Period 22.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 122
	<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	<input type="checkbox"/> 17

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

A. Downs, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.24

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149089

Amount of Each Receipt this Period 24.00

Memo Item

B. Le Fevre, Mary Jo, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149090

Amount of Each Receipt this Period 275.00

Memo Item

C. Ley, Bill, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 W. Big Beaver Road Suite 400

City Troy State MI Zip Code 48084

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

Name of Employer (for Individual) Hylant Group Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 228.10

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149091

Amount of Each Receipt this Period 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 321.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nixon, Mike, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 653.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149092

Amount of Each Receipt this Period 275.00

Memo Item

B. FitzSimons, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149093

Amount of Each Receipt this Period 250.00

Memo Item

C. Hunwick, Justin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400
Suite 400

City Troy State MI Zip Code 48084-3306

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149094

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nemmers, Gregory, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW
 Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149096
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Paul, David, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10401 N. Meridian Street Suite 200
 City Indianapolis State IN Zip Code 46390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149097
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Wieligman, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Farmington Rd.
 City Toledo State OH Zip Code 43623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149098
 Amount of Each Receipt this Period 41.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	358.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Freeman, Jason, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Frank Lloyd Wright Dr Ste J4100S
 Ste J4100
 City Ann Arbor State MI Zip Code 48105-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.28

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149102
 Amount of Each Receipt this Period 22.92
 Memo Item

B. Lump, Tanja, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave FI 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149105
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Hylant, Matthew, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave FI 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 40149107
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	547.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Curtin, Thomas, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2931 Surrey Rd

City Birmingham	State AL	Zip Code 35223-1214
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CRC Insurance Services, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : 40150730

Amount of Each Receipt this Period
2500.00

Memo Item

B. Fielding, John, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 216 virginia Ave

City Alexandria	State VA	Zip Code 22302-2906
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) Gen Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Transaction ID : 40151659

Amount of Each Receipt this Period
100.00

Memo Item

C. Staley, Paula, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 Lee Drive

City Gettysburg	State PA	Zip Code 17325-8959
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
559.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Transaction ID : 40151660

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2641.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McDaid, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW
 Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151661
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bowers, Daniel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2720 Black Diamond Ter
 City Colorado Springs State CO Zip Code 80918-1570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIA-Leavitt Insurance Agency, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151662
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Franzoy-Capron, Alma, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address HC 31 Box 200
 City Hatch State NM Zip Code 87937-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Southwest, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151663
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pullen, Rick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Suite 750
 Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) Editor-in-Chief
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151664
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Callister, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1442 N Fairway Dr
 City Cedar City State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Leavitt Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151667
 Amount of Each Receipt this Period 2.00
 Memo Item

C. Harrison, Ce, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 958 Bay Front Avenue
 City North Beach State MD Zip Code 20714-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 10 / 31 / 2016
Transaction ID : 40151674
 Amount of Each Receipt this Period 26.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richardson, Catherine, S, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 615 N Overlook Dr

City Alexandria	State VA	Zip Code 22305-1221
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
527.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : 40151675

Amount of Each Receipt this Period
41.66

Memo Item

B. West, Morgan, R, Mr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1026 Del Rio Way

City Moraga	State CA	Zip Code 94556
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dealey, Renton & Associates	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2016

Transaction ID : 40151676

Amount of Each Receipt this Period
1500.00

Memo Item

C. Leavitt, Rodney, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 Terra Vista Way

City Las Vegas	State NV	Zip Code 89117-2018
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : 40171276

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1591.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Toner, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Hogan Circle

City Durango	State CO	Zip Code 81301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Schield-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Transaction ID : 40171300

Amount of Each Receipt this Period
16.50

Memo Item

B. Kenney, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 South 800 West

City Cedar City	State UT	Zip Code 84720
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Transaction ID : 40171303

Amount of Each Receipt this Period
15.00

Memo Item

C. Phillips, Jeffery, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Oswald Centre
1100 Superior Avenue, Suite 1500

City Cleveland	State OH	Zip Code 44114-1715
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

Transaction ID : 40171305

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	281.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Million, Sarah, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10401 N. Meridian Street Suite 200

City Indianapolis	State IN	Zip Code 46390
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : 40171306

Amount of Each Receipt this Period
275.00

Memo Item

B. McKnight, Markham, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7132 Moniteau Ct

City Baton Rouge	State LA	Zip Code 70809-1163
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BancorpSouth Insurance Services, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2016
Transaction ID : 40172777

Amount of Each Receipt this Period
5000.00

Memo Item

C. Choppin, Beverly, D, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 Shady Lake Pkwy

City Baton Rouge	State LA	Zip Code 70810
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Wright & Percy BancorpSouth	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2016
Transaction ID : 40172778

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 122
	<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	<input type="checkbox"/> 17

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

A. Naugle, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 East Second Street

City Pass Christian	State MS	Zip Code 39571
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Stewart Sneed Hewes / BancorpSouth Ins	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2016

Transaction ID : 40172779

Amount of Each Receipt this Period
1000.00

Memo Item

B. Harshbarger, Maria, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E Randolph St Fl 9

City Chicago	State IL	Zip Code 60601-6408
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Aon Risk Services (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2016

Transaction ID : 40172780

Amount of Each Receipt this Period
1000.00

Memo Item

C. Brunker, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178126

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2041.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hendricksen, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178128
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kenyon, Christine, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.40

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178129
 Amount of Each Receipt this Period 208.34
 Memo Item

C. Koenig, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3119 Vinburn Rd
 City Sun Prairie State WI Zip Code 53590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178130
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	341.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Moore, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178131

Amount of Each Receipt this Period
83.34

Memo Item

B. Brown, Gerald, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178132

Amount of Each Receipt this Period
83.34

Memo Item

C. Clougherty, Kevin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 N 4th Street

City Mt Horeb	State WI	Zip Code 53572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178133

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	216.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ireland, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178134

Amount of Each Receipt this Period
50.00

Memo Item

B. Knatz, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Freshir Ct.

City Waunakee	State WI	Zip Code 53597
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178135

Amount of Each Receipt this Period
41.68

Memo Item

C. Laborde, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Autumn Circle

City Mt. Horeb	State WI	Zip Code 53572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
835.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178136

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 122
	<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	<input type="checkbox"/> 17

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

A. Niebuhr, Bradley, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Pine View Drive

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178137

Amount of Each Receipt this Period
83.34

Memo Item

B. Nordby, Jason, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 513 West Lake Street

City Lake Mills	State WI	Zip Code 53713-2830
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178138

Amount of Each Receipt this Period
20.84

Memo Item

C. Olson, Amy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178139

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Fawcett, Walter, R, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Macalpin Ct
 City Barrington State IL Zip Code 60010-6426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40178140
 Amount of Each Receipt this Period
 416.68
 Memo Item

B. Andrews, Mitchell, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Hidden Brook Dr
 City North Barrington State IL Zip Code 60010-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2302.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40178141
 Amount of Each Receipt this Period
 208.34
 Memo Item

C. Lacey, William, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5321 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1854.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40178142
 Amount of Each Receipt this Period
 187.51
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	812.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Robbins, Christina, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 Arbor Court
 City Mount Prospect State IL Zip Code 60056-4477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.66

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178143
 Amount of Each Receipt this Period 33.34
 Memo Item

B. Brogan, Jeffrey, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5823 Sand Shell Court
 City Dallas State TX Zip Code 75252-2346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Plexus Groupe LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178144
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Julius Jr., William, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178146
 Amount of Each Receipt this Period 41.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Preuss, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Corporate DR STE 600

City Wausau	State WI	Zip Code 54401
----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178147

Amount of Each Receipt this Period
83.34

Memo Item

B. Healy, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2896 S. Seminole Hwy. Unit 11

City Madison	State WI	Zip Code 53711
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178150

Amount of Each Receipt this Period
83.34

Memo Item

C. Rapee III, Edward, , Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Riverwood Corporate Center, Buildi
N19 W24200 Riverwood Drive

City Waukesha	State WI	Zip Code 53188
------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178151

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 122
<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Boray, Matthew, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N72 W28925 Fishers Landing

City Hartland	State WI	Zip Code 53029
------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178152

Amount of Each Receipt this Period
83.34

Memo Item

B. Morrison, Glenn, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 Gaslight Drive

City Algonquin	State IL	Zip Code 60102-3213
-------------------	-------------	------------------------

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

Name of Employer (for Individual) The Plexus Groupe LLC (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178155

Amount of Each Receipt this Period
25.00

Memo Item

C. Isaac, Geoffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 Crabtree Lane

City Northbrook	State IL	Zip Code 60062
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
286.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178157

Amount of Each Receipt this Period
26.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 122
<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Mann, Michael, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 Prospect Avenue
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178158
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Flynn, Laura, , Miss,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17330 Preston Rd Ste 200B
 City Dallas State TX Zip Code 75252-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC, The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178160
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Pum, Nanette, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Pinehurst Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178161
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 122
	<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	<input type="checkbox"/> 17

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

A. LeMire, Patrick, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178162

Amount of Each Receipt this Period
20.84

Memo Item

B. Basel, Mary Beth, B, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178163

Amount of Each Receipt this Period
83.34

Memo Item

C. Schmidt, Kristin, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3406 Oakwood Hills Parkway
Suite 400

City Eau Claire	State WI	Zip Code 54703-3612
--------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40178171

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 122
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steckbauer, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 South 24th Avenue
Suite 204

City Wausau State WI Zip Code 54401

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
11 / 04 / 2016
Transaction ID : 40178172

Amount of Each Receipt this Period
41.67

Memo Item

B. Willadsen, Ellen, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4615 Utah Drive

City Ames State IA Zip Code 50014

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

Name of Employer (for Individual) Holmes Murphy & Associates, Inc. Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 04 / 2016
Transaction ID : 40178175

Amount of Each Receipt this Period
1000.00

Memo Item

C. Vick, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17330 Preston Rd
Ste 200B

City Dallas State TX Zip Code 75252-6076

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

Name of Employer (for Individual) Plexus Groupe LLC, The Occupation (for Individual) Insurance Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt
11 / 04 / 2016
Transaction ID : 40178176

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1071.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 122
	<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	<input type="checkbox"/> 17

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

A. Berry, Keith, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Riverwood Corporate Center, Buildi
N19 W24200 Riverwood Drive

City Waukesha	State WI	Zip Code 53188
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178177

Amount of Each Receipt this Period
21.68

Memo Item

B. Deininger, Matthew, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Riverwood Corporate Center, Buildi
N19 W24200 Riverwood Drive

City Waukesha	State WI	Zip Code 53188
------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178178

Amount of Each Receipt this Period
41.67

Memo Item

C. Dwyer, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 Field Parkway
Suite 300

City Deer Park	State IL	Zip Code 60010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : 40178182

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 122
	<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	<input type="checkbox"/> 17

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

A. Pope, Jared, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6125 Penrose

City Dallas	State TX	Zip Code 75214
----------------	-------------	-------------------

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

Name of Employer (for Individual) Plexus Groupe LLC, The	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178186

Amount of Each Receipt this Period
250.00

Memo Item

B. Griffin, Brian, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21805 Field Parkway, Suite 300

City Deer Park	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Plexus Groupe LLC (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178188

Amount of Each Receipt this Period
84.00

Memo Item

C. Malloy, Martin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 40178189

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
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 51 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hobson, Brenda, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21805 Field Parkway, Suite 300
 City Deer Park State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178191
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Wilkening, Michael, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21805 Field Parkway, Suite 300
 City Deer Park State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178192
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bass, Peggy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17330 Preston Rd Ste 200B
 City Dallas State TX Zip Code 75252-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC, The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2016
Transaction ID : 40178193
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kulwein, Laurel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17330 Preston Rd
 Ste 200B
 City Dallas State TX Zip Code 75252-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC, The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40178194
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Guzak, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21805 Field Parkway
 Suite 300
 City Deer Park State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40178195
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Victorson, Michael, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 Medinah St.
 City Oregon State WI Zip Code 53575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : 40179134
 Amount of Each Receipt this Period
 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Yeager, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Coleman Road

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179135

Amount of Each Receipt this Period
83.34

Memo Item

B. Trinrud, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3406 Oakwood Hills Parkway
Suite 400

City Eau Claire	State WI	Zip Code 54703-3612
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179137

Amount of Each Receipt this Period
41.67

Memo Item

C. Van Asten, Cynthia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 480 Pilgrim Way
Suite 1230

City Green Bay	State WI	Zip Code 54304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2083.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179138

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	333.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 122
	<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	<input type="checkbox"/> 17

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

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

A. Veit, Brandon, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E Wilson Street, Unit 612

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179139

Amount of Each Receipt this Period
25.00

Memo Item

B. Twietmeyer, Richard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 952 Willow Court

City Cedarburg	State WI	Zip Code 53012
-------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179140

Amount of Each Receipt this Period
41.68

Memo Item

C. Vanderlip, Jennifer, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : 40179141

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.36
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Fugazzi, Daniel, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5996 Round Tower Ln
 City Dublin State OH Zip Code 43017-3451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180000
 Amount of Each Receipt this Period 137.50
 Memo Item

B. Dilts, W. Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2549 E Summer Creek Dr
 City Bloomington State IN Zip Code 47401-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180001
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Brown, Kent, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 Lake Ridge Drive
 City Fort Wayne State IN Zip Code 46804-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180002
 Amount of Each Receipt this Period 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	191.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 122
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Bryant, Don, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Morgan St
 City Oberlin State OH Zip Code 44074-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180004
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Barnesky, Jeff, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5713 Corey Cv
 City Sylvania State OH Zip Code 43560-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180005
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gady, Evan, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3814 S Laura Way
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180006
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Donavan, Guylaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW
 Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180009
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bair, Jon, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Avenue. FI 9
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180010
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Enlow, Ken, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13402 Lake Turnberry Circle
 City Orlando State FL Zip Code 32828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.08

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180011
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Curtis, Joe, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400
 Suite 400

City Troy	State MI	Zip Code 48084-3306
--------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 247.92

Date of Receipt
 11 / 10 / 2016
Transaction ID : 40180012

Amount of Each Receipt this Period
 20.84

Memo Item

B. Downs, Steve, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 West Big Beaver Road Suite 400
 Suite 400

City Troy	State MI	Zip Code 48084-3306
--------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 254.24

Date of Receipt
 11 / 10 / 2016
Transaction ID : 40180013

Amount of Each Receipt this Period
 24.00

Memo Item

C. Biggs, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5851 Black Swan Dr.

City Sylvania	State OH	Zip Code 43560
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 10 / 2016
Transaction ID : 40180014

Amount of Each Receipt this Period
 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	64.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 122
	<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	<input type="checkbox"/> 17

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

A. Doll, Laura, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 565 Metro PI SSuite 450
 Suite 450
 City Dublin State OH Zip Code 43017-5351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.02**

Date of Receipt **11 / 10 / 2016**
Transaction ID : 40180015
 Amount of Each Receipt this Period **8.34**
 Memo Item

B. Carlton, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW
 Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 10 / 2016**
Transaction ID : 40180017
 Amount of Each Receipt this Period **30.00**
 Memo Item

C. Freeman, Jason, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Frank Lloyd Wright DrSte J4100S
 Ste J4100
 City Ann Arbor State MI Zip Code 48105-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **229.20**

Date of Receipt **11 / 10 / 2016**
Transaction ID : 40180018
 Amount of Each Receipt this Period **22.92**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bennett, Brad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 South 1500 East

City Salt Lake City	State UT	Zip Code 84105
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180019

Amount of Each Receipt this Period
192.25

Memo Item

B. Brown, Gordon, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 S Seego Lily Circle

City North Salt Lake City	State UT	Zip Code 84054
------------------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180020

Amount of Each Receipt this Period
326.50

Memo Item

C. Ferguson, Rob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 547 Happy Hollow Rd

City Kaysville	State UT	Zip Code 84037
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180022

Amount of Each Receipt this Period
290.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	808.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Fielding, Rick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2620 Casto Lane
 City Salt Lake City State UT Zip Code 84117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 993.90

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180023
 Amount of Each Receipt this Period 496.95
 Memo Item

B. Fielding, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 S 400 E Suite 300
 City Salt Lake City State UT Zip Code 84111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GBS Benefits, Inc. (Leavitt) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.10

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180024
 Amount of Each Receipt this Period 215.05
 Memo Item

C. Johnson, Mark, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1264 Woodward Place
 City West Jordan State UT Zip Code 84088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 343.80

Date of Receipt 11 / 10 / 2016
Transaction ID : 40180027
 Amount of Each Receipt this Period 171.90
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	883.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. King, Tim, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 N. Vernal Ave

City Vernal	State UT	Zip Code 84078
----------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance of Vernal	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180028

Amount of Each Receipt this Period
193.55

Memo Item

B. Kluge, Jeff, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5955 Mountain Ranch Dr

City Park City	State UT	Zip Code 84098
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group of Wasatch-Summit	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180029

Amount of Each Receipt this Period
403.85

Memo Item

C. McKean, Don, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6074 Oak Canyon Dr

City Salt Lake City	State UT	Zip Code 84121
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
502.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180031

Amount of Each Receipt this Period
251.45

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	848.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Peifer, Laura, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2721 E. Canton Lane

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180032

Amount of Each Receipt this Period
138.40

Memo Item

B. Romine, Shauna, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5944 W Southern Cross Court

City Highland	State UT	Zip Code 84003
------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180033

Amount of Each Receipt this Period
110.55

Memo Item

C. Stewart, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 S 400 E Suite 300

City Salt Lake City	State UT	Zip Code 84111
------------------------	-------------	-------------------

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

Name of Employer (for Individual) GBS Benefits, Inc. (Leavitt)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
805.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40180036

Amount of Each Receipt this Period
402.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	651.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wagner, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10833 S Blossom Tree Ln

City Sandy	State UT	Zip Code 84070
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group Insurance Advisors	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180037

Amount of Each Receipt this Period
160.15

Memo Item

B. Callahan, John, P, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave FI 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180038

Amount of Each Receipt this Period
16.68

Memo Item

C. Cromly, Brian, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave FI 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40180039

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	196.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 122
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Jennings, Clayton, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10633 Indian Ridge Drive

City Fort Wayne	State IN	Zip Code 46814-9091
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40183823

Amount of Each Receipt this Period
42.00

Memo Item

B. Holloway, Mark, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2029 Chesnut Cresent

City Saline	State MI	Zip Code 48176-1668
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40183824

Amount of Each Receipt this Period
22.92

Memo Item

C. Herr, Andria, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Parkway
Suite 330

City Lake Mary	State FL	Zip Code 32746
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40183825

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hunwick, Justin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 West Beaver Road Suite 400
 Suite 400
 City Troy State MI Zip Code 48084-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40183826
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jackson, Michelle, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 Madison Ave Fl 11
 City Toledo State OH Zip Code 43604-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40183828
 Amount of Each Receipt this Period 20.00
 Memo Item

C. McDermott, John, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5826 Winslow Rd
 City Whitehouse State OH Zip Code 43571-9188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 248.84

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198270
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McDaniel, Patrick, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50243 Livingston Drive
 City Northville State MI Zip Code 48168-6804
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 458.32

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198271
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Lash, James, R, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11661 Big Bone Rd
 City Union State KY Zip Code 41091-9635
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 299.36

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198273
 Amount of Each Receipt this Period 41.68
 Memo Item

C. O'Donnell, Kevin, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 West Big Beaver Road
 City Troy State MI Zip Code 48084-3306
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.08

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198274
 Amount of Each Receipt this Period 22.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	106.28
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 68 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ligus, Stephen, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4207 Keswick Drive
 City Brunswick State OH Zip Code 44212-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198275
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Morman, Terry, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 Pine Valley Dr.
 City Bowling Green State OH Zip Code 43402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198277
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kenyon, James, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Avenue NW Suite 100
 City Grand Rapids State MI Zip Code 49503-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198279
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 69 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Norris, David, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 428 Sapphire Dr.

City Carmel	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40198280

Amount of Each Receipt this Period
41.68

Memo Item

B. Madison, Thomas, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3583 Westcott Drive SE

City Ada	State MI	Zip Code 49301
-------------	-------------	-------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40198281

Amount of Each Receipt this Period
22.92

Memo Item

C. Mowery, Joe, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 International Parkway Suite 330

City Lake Mary	State FL	Zip Code 32746
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40198283

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.60
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 70 OF 122
	<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	<input type="checkbox"/> 17

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

A. Ley, Bill, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 W. Big Beaver Road
Suite 400

City Troy State MI Zip Code 48084

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

Name of Employer (for Individual) Hylant Group Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.10

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198284

Amount of Each Receipt this Period 22.00

Memo Item

B. Nemmers, Gregory, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Campau Avenue NW
Suite 100

City Grand Rapids State MI Zip Code 49503-2720

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

Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.32

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198285

Amount of Each Receipt this Period 41.68

Memo Item

C. Meyer, Teresa, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo State OH Zip Code 43604-5626

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

Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40198286

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 122
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Williams, Patrick, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Avenue, Fl 7

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211166

Amount of Each Receipt this Period
20.00

Memo Item

B. Smith, Edward, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3460 Woodland Hills Ln SW

City Roanoke	State VA	Zip Code 24014-3141
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rutherford	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211168

Amount of Each Receipt this Period
250.00

Memo Item

C. Brunker, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211169

Amount of Each Receipt this Period
41.63

Memo Item

SUBTOTAL of Receipts This Page (optional).....	311.63
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 72 OF 122
	<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	<input type="checkbox"/> 17

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

A. Hendricksen, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211171
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kenyon, Christine, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.66

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211172
 Amount of Each Receipt this Period 208.26
 Memo Item

C. Koenig, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3119 Vinburn Rd
 City Sun Prairie State WI Zip Code 53590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211173
 Amount of Each Receipt this Period 83.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	341.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brown, Gerald, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 W Beltline Hwy
 City Madison State WI Zip Code 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211174
 Amount of Each Receipt this Period
 83.26
 Memo Item

B. Clougherty, Kevin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 N 4th Street
 City Mt Horeb State WI Zip Code 53572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211175
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Ireland, Jeffrey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 W Beltline Hwy
 City Madison State WI Zip Code 53713-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211176
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	183.26
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 74 OF 122
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Knatz, Jeffrey, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Freshir Ct.

City Waunakee	State WI	Zip Code 53597
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211177

Amount of Each Receipt this Period
41.52

Memo Item

B. Laborde, Sean, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Autumn Circle

City Mt. Horeb	State WI	Zip Code 53572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
918.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211178

Amount of Each Receipt this Period
83.26

Memo Item

C. Ugljesa, Michael, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8259 Michelle Lane

City Lambertville	State MI	Zip Code 48144-9582
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
461.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211179

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.46
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 75 OF 122
	<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)
The Council of Insurance Agents & Brokers Political Action Committee

A. Julius Jr., William, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211180
 Amount of Each Receipt this Period 41.52
 Memo Item

B. Healy, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2896 S. Seminole Hwy. Unit 11
 City Madison State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211183
 Amount of Each Receipt this Period 83.26
 Memo Item

C. Boray, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N72 W28925 Fishers Landing
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211184
 Amount of Each Receipt this Period 83.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 122
	<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	<input type="checkbox"/> 17

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

A. Price, Lowell, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15649 Myers Rd

City Marysville	State OH	Zip Code 43040-8911
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211186

Amount of Each Receipt this Period
20.00

Memo Item

B. Pierce, Larry, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38755 Carriage Circle

City North Ridgeville	State OH	Zip Code 44039-9742
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211189

Amount of Each Receipt this Period
21.00

Memo Item

C. Stewart, Rebecca, A, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4326 Westway St

City Toledo	State OH	Zip Code 43612-2105
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211190

Amount of Each Receipt this Period
22.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.92
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 77 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LeMire, Patrick, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.16

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211192
 Amount of Each Receipt this Period 20.76
 Memo Item

B. Basel, Mary Beth, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211193
 Amount of Each Receipt this Period 83.26
 Memo Item

C. Meeks, Julie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 South 24th Avenue Suite 204
 City Wausau State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211200
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 124.02
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Blumberg, Rich, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 S. Wacker Dr. #1625
 Suite 1625
 City Chicago State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daniel & Henry Co., The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211202
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Wieligman, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Farmington Rd.
 City Toledo State OH Zip Code 43623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211203
 Amount of Each Receipt this Period
 41.68
 Memo Item

C. Berry, Keith, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Riverwood Corporate Center, Buildi
 N19 W24200 Riverwood Drive
 City Waukesha State WI Zip Code 53188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 238.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : 40211205
 Amount of Each Receipt this Period
 21.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	363.20
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 79 OF 122
	<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	<input type="checkbox"/> 17

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

A. Deininger, Matthew, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Riverwood Corporate Center, Buildi
N19 W24200 Riverwood Drive

City Waukesha	State WI	Zip Code 53188
------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40211206

Amount of Each Receipt this Period
41.63

Memo Item

B. Malloy, Martin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40211207

Amount of Each Receipt this Period
50.00

Memo Item

C. Storey, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : 40211208

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.63
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 80 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Zeiter, Tina, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211209

Amount of Each Receipt this Period
20.00

Memo Item

B. Stout, Kevin, R, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 Madison Ave Fl 11

City Toledo	State OH	Zip Code 43604-5626
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hylant Group (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211210

Amount of Each Receipt this Period
20.00

Memo Item

C. Victorson, Michael, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 349 Medinah St.

City Oregon	State WI	Zip Code 53575
----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
916.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : 40211239

Amount of Each Receipt this Period
83.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....	123.26
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 81 OF 122
	<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	<input type="checkbox"/> 17

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

A. Moore, Michael, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211240

Amount of Each Receipt this Period
83.26

Memo Item

B. Yeager, James, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Coleman Road

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211241

Amount of Each Receipt this Period
83.26

Memo Item

C. Niebuhr, Bradley, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Pine View Drive

City Madison	State WI	Zip Code 53713-2830
-----------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
916.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211242

Amount of Each Receipt this Period
83.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.78
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 82 OF 122
	<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	<input type="checkbox"/> 17

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

A. Nordby, Jason, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 513 West Lake Street

City Lake Mills	State WI	Zip Code 53713-2830
--------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211243

Amount of Each Receipt this Period
20.76

Memo Item

B. Trinrud, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3406 Oakwood Hills Parkway
Suite 400

City Eau Claire	State WI	Zip Code 54703-3612
--------------------	-------------	------------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211245

Amount of Each Receipt this Period
41.63

Memo Item

C. Olson, Amy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 828 John Nolen Drive

City Madison	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
229.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211246

Amount of Each Receipt this Period
20.76

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.15
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 83 OF 122
	<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	<input type="checkbox"/> 17

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

A. Meeks, Kenneth, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4040 Ashland Ave.

City Wausau	State WI	Zip Code 54403
----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211247

Amount of Each Receipt this Period
20.00

Memo Item

B. Preuss, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Corporate DR STE 600

City Wausau	State WI	Zip Code 54401
----------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211248

Amount of Each Receipt this Period
83.26

Memo Item

C. Van Asten, Cynthia, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 480 Pilgrim Way
Suite 1230

City Green Bay	State WI	Zip Code 54304
-------------------	-------------	-------------------

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

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2291.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		10		2016

Transaction ID : 40211249

Amount of Each Receipt this Period
208.26

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	311.52
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 84 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rapee III, Edward, , Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Riverwood Corporate Center, Buildi
 N19 W24200 Riverwood Drive
 City Waukesha State WI Zip Code 53188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.66

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211250
 Amount of Each Receipt this Period 83.26
 Memo Item

B. Veit, Brandon, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 E Wilson Street, Unit 612
 City Madison State WI Zip Code 53703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211251
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Twietmeyer, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 952 Willow Court
 City Cedarburg State WI Zip Code 53012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.32

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211254
 Amount of Each Receipt this Period 41.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	149.78
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 85 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Pum, Nanette, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Pinehurst Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211255
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Schmidt, Kristin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 Oakwood Hills Parkway Suite 400
 City Eau Claire State WI Zip Code 54703-3612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.33

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211256
 Amount of Each Receipt this Period 41.63
 Memo Item

C. Steckbauer, Jeffrey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 South 24th Avenue Suite 204
 City Wausau State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.33

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211257
 Amount of Each Receipt this Period 41.63
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	113.26
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 86 OF 122
	<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	<input type="checkbox"/> 17

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

A. Vanderlip, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.32

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211258
 Amount of Each Receipt this Period 41.52
 Memo Item

B. Palmer, Corey, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 South 24th Avenue Suite 204
 City Wausau State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211259
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Stinson, Kathleen, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211260
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.52
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 87 OF 122
	<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	<input type="checkbox"/> 17

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

A. Meyer, Brian, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2016
Transaction ID : 40211263
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Judd, James, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Santin Cir
 City Bedford State OH Zip Code 44146-3455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40218399
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Leavitt, Rodney, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 Terra Vista Way
 City Las Vegas State NV Zip Code 89117-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 15 / 2016
Transaction ID : 40218401
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 95.00
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 88 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bowers, Daniel, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 Black Diamond Ter

City Colorado Springs	State CO	Zip Code 80918-1570
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) CIA-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : 40218402

Amount of Each Receipt this Period
25.00

Memo Item

B. Franzoy-Capron, Alma, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 31 Box 200

City Hatch	State NM	Zip Code 87937-9707
---------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Southwest, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : 40218404

Amount of Each Receipt this Period
50.00

Memo Item

C. Catania, Paul, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5758 Williamsburg Cir

City Hudson	State OH	Zip Code 44236-3780
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
687.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : 40218410

Amount of Each Receipt this Period
62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	137.50
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 89 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bowman, Cynthia, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St
 Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40218412
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Edmonds, Robert, W, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St
 Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40218413
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Callister, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1442 N Fairway Dr
 City Cedar City State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Leavitt Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 542.00

Date of Receipt 11 / 15 / 2016
Transaction ID : 40218415
 Amount of Each Receipt this Period 2.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	193.00
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 90 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rule, Kirk, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7217 Via Lomas

City San Jose	State CA	Zip Code 95139
------------------	-------------	-------------------

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

Name of Employer (for Individual) Leavitt Pacific Insurance Brokers	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2016

Transaction ID : 40218421

Amount of Each Receipt this Period

12.50

 Memo Item

B. Toner, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Hogan Circle

City Durango	State CO	Zip Code 81301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Schield-Leavitt Insurance Agency, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2016

Transaction ID : 40218439

Amount of Each Receipt this Period

16.50

 Memo Item

C. Kenney, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 South 800 West

City Cedar City	State UT	Zip Code 84720
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2016

Transaction ID : 40218442

Amount of Each Receipt this Period

15.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
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 91 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barisono, Anthony, J, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33501 Lyons Gate Run
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 11 / 18 / 2016
Transaction ID : 40218443
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Fisher, William, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20771 Woodstock Avenue
 City Fairview Park State OH Zip Code 44126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt
 11 / 18 / 2016
Transaction ID : 40218444
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Feliciano, Brian, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Marguerite Ave.
 City Cuyahoga Falls State OH Zip Code 44221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies (HQ) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt
 11 / 18 / 2016
Transaction ID : 40218445
 Amount of Each Receipt this Period 92.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.66
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 92 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Ferenchak, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40218446
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Mindell, Michelle, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40225124
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Moody, Steffan, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 541.82

Date of Receipt 11 / 18 / 2016
Transaction ID : 40225125
 Amount of Each Receipt this Period 125.02
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	189.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 122
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schwab, Jeffrey, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1136 Sheerbrook Dr.

City Chagrin Falls	State OH	Zip Code 44022
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
506.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : 40225126

Amount of Each Receipt this Period
86.00

Memo Item

B. Waybright, Michael, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 445 California Ave

City Lorain	State OH	Zip Code 44052-2078
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1379.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : 40225127

Amount of Each Receipt this Period
580.00

Memo Item

C. Spinelli, Frank, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20317 Collier Dr

City Strongsville	State OH	Zip Code 44149-4067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : 40225128

Amount of Each Receipt this Period
20.84

Memo Item

SUBTOTAL of Receipts This Page (optional).....	686.84
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 94 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Sadlier, Jonathan, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19910 Eldora Road

City Rocky River	State OH	Zip Code 44116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : 40225129

Amount of Each Receipt this Period
41.68

Memo Item

B. Lancaster, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 295 E. Pioneer Trl.

City Aurora	State OH	Zip Code 44202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : 40225130

Amount of Each Receipt this Period
50.00

Memo Item

C. McManamon, Todd, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Oswald Centre
1100 Superior Avenue, Suite 1500

City Cleveland	State OH	Zip Code 44114-1715
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oswald Companies (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : 40225131

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jung, Jessica, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Superior Avenue
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.24

Date of Receipt 11 / 18 / 2016
Transaction ID : 40225133
 Amount of Each Receipt this Period 45.84
 Memo Item

B. Sturm, Karen, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.48

Date of Receipt 11 / 18 / 2016
Transaction ID : 40225134
 Amount of Each Receipt this Period 33.68
 Memo Item

C. Pease, Jake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 East 9th Street
 Suite 600
 City Cleveland State OH Zip Code 44114-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2016
Transaction ID : 40230076
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	329.52
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 96 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kosin, Catherine, L, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39572 Woodward Ave
 City Bloomfield Hills State MI Zip Code 48304-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Oswald Companies Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : 40312819
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Olphin, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2931 Candlelight Drive
 City York State PA Zip Code 17402-8804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Murray Risk Management and Insurance (Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : 40312824
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	56784.11

**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 97 OF 122
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd St

City Miami	State FL	Zip Code 33173
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00546846

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2016

Transaction ID : 40313414

Amount of Each Receipt this Period
1000.00

Memo Item

chk #10409- Partial Refund of Contribution to '16 General (Check# 5695 10/31/16)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40312426

Amount of Each Disbursement this Period

[REDACTED] 335.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 100 N. Tryon St.

City
Charlotte

State
NC

Zip Code
28255

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40313099

Amount of Each Disbursement this Period

[REDACTED] 32.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address 808 East Utah Valley Drive

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40313100

Amount of Each Disbursement this Period

[REDACTED] 45.00

Memo Item

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

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

[REDACTED] 413.20

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313101

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinzinger For Congress

Mailing Address PO Box 2365

City
Ottawa

State
IL

Zip Code
61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kinzinger, Adam, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00458877

Transaction ID : 40312903

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Keep Al Green In Congress

Mailing Address P.O. Box 56761

City
Houston

State
TX

Zip Code
77256

Purpose of Disbursement

011

Category/
Type

Candidate Name

Green, Al, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 09

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00578567

Transaction ID : 40312965

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00226522

Transaction ID : 40312978

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angie Craig For Congress

Mailing Address PO Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig, Angela, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00575209

Transaction ID : 40312979

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Jason, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00541862

Transaction ID : 40312980

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City
Wadsworth

State
OH

Zip Code
44281

Purpose of Disbursement

011

Category/
Type

Candidate Name

Renacci, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00466359

Transaction ID : 40312981

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address PO Box 917

City
Shelbyville

State
IN

Zip Code
46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Messer, Luke, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C00460667

Transaction ID : 40312982

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Paragraph Two

Mailing Address 2631 Willow Lake Dr.

City
Greenwood

State
IN

Zip Code
46143

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paragraph Two

Office Sought: House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C00562256

Transaction ID : 40312983

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Clay Jr. For Congress

Mailing Address PO Box 4544

City
St. Louis

State
MO

Zip Code
63108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Clay, William, Lacy, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C00346080

Transaction ID : 40312984

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement

011
Category/Type

Candidate Name

Cicilline, David, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00476564

Transaction ID : 40312985

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Rice For Congress

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement

011
Category/Type

Candidate Name

Rice, Kathleen, M., Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00555813

Transaction ID : 40312986

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue S
Room 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011
Category/Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00312017

Transaction ID : 40312987

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Foster For Congress

Mailing Address P.O. Box 9104

City
Aurora

State
IL

Zip Code
60598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Foster, Bill, , Rep., PhD

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00435099

Transaction ID : 40312988

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City
Olympia

State
WA

Zip Code
98507

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heck, Denny, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00472159

Transaction ID : 40312989

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Diana Degette For Congress

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00311639

Transaction ID : 40312990

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Delaney

Mailing Address PO Box 70835

City
Bethesda

State
MD

Zip Code
20813

Purpose of Disbursement

011

Category/
Type

Candidate Name

Delaney, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C C00508416

Transaction ID : 40312991

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bonamici For Congress

Mailing Address PO Box 1632

City
Beaverton

State
OR

Zip Code
97075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bonamici, Suzanne, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C C00500421

Transaction ID : 40312992

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City
Albany

State
NY

Zip Code
12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2016

FEC Identification Number

C C00450049

Transaction ID : 40312993

Amount of Each Disbursement this Period

4000.00

Memo Item

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

11500.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: AL

District: 07

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00458976

Transaction ID : 40312995

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City
Jamaica

State
NY

Zip Code
11432

Purpose of Disbursement

011

Category/
Type

Candidate Name

Meeks, Gregory, W., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: NY

District: 05

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00430991

Transaction ID : 40312996

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address P.O. Box 3498

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wyden, Ron, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: OR

District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : 40312997

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. First State PAC

Mailing Address P.O. Box 3006

City
Wilmington

State
DE

Zip Code
19804

Purpose of Disbursement

011

Category/
Type

Candidate Name

First State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00363648

Transaction ID : 40312998

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoosiers First

Mailing Address 3701 Porter Street, NW

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : 40312999

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Murph PAC

Mailing Address 401 1st Street, SE
Suite 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C

Transaction ID : 40313000

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cresent Hardy For Congress

Mailing Address PO Box 753941

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hardy, Cresent, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C00550608

Transaction ID : 40313001

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bergman For Congress

Mailing Address N5070 Cisco Lake Road

City
Watersmeet

State
MI

Zip Code
49969

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bergman, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C00614214

Transaction ID : 40313002

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Mast For Congress

Mailing Address 2600 S Douglas Rd Ste 900

City
Coral Gables

State
FL

Zip Code
33134

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C00579896

Transaction ID : 40313003

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City
Miami

State
FL

Zip Code
33152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ros-Lehtinen, Ileana, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: FL

District: 27

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C00280537

Transaction ID : 40313004

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Justin Fared For Congress

Mailing Address PO Box 5068

City
Santa Barbara

State
CA

Zip Code
93105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fared, Justin, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: CA

District: 24

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C00572560

Transaction ID : 40313005

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City
Newburgh

State
NY

Zip Code
12550

Purpose of Disbursement

011

Category/
Type

Candidate Name

Maloney, Sean, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: NY

District: 18

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2016

FEC Identification Number

C00512426

Transaction ID : 40313006

Amount of Each Disbursement this Period

2500.00

Memo Item

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

12500.00

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

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jared Polis Committee

Mailing Address P.O. Box 4572

City
Boulder

State
CO

Zip Code
80306

Purpose of Disbursement

011

Category/
Type

Candidate Name

Polis, Jared, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C C00435370

Transaction ID : 40313007

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Denise Juneau For Congress

Mailing Address PO Box 563

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Juneau, Denise, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C C00591289

Transaction ID : 40313008

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Brady Walkinshaw

Mailing Address 119 1st Avenue South

City
Seattle

State
WA

Zip Code
98104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walkinshaw, Brady, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C C00597732

Transaction ID : 40313009

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Takano For Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

Category/Type

Candidate Name

Takano, Mark, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 41

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313010

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 211 S. 5th St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Void - Tiberi for Congress Check# 5570 9/27/16

Category/Type

Candidate Name

Tiberi, Pat, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313011

Amount of Each Disbursement this Period

Void - Tiberi for Congress Check# 5570 9/27/16

Memo Item

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Mailing Address 211 S. 5th St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Category/Type

Candidate Name

Tiberi, Pat, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313012

Amount of Each Disbursement this Period

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd St

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C00546846

Transaction ID : 40313013

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City
Murphysboro

State
IL

Zip Code
62966

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bost, Mike, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C00546499

Transaction ID : 40313014

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Costello, Ryan, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C00554899

Transaction ID : 40313015

Amount of Each Disbursement this Period

5000.00

Memo Item

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

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Category/Type

Candidate Name

Denham, Jeff, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C C00473272

Transaction ID : 40313016

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement

011

Category/Type

Candidate Name

Posey, Bill, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: FL District: 08

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C C00444968

Transaction ID : 40313017

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson for Congress

Mailing Address 413 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Larson, John, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C

Transaction ID : 40313019

Amount of Each Disbursement this Period

2500.00

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Graves For Congress

Mailing Address PO Box 335

City
Calhoun

State
GA

Zip Code
30703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: GA

District: 14

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00462556

Transaction ID : 40313063

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GWEN PAC

Mailing Address PO BOX 75357

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

GWEN PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00431478

Transaction ID : 40313064

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: FL

District: 14

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C00410761

Transaction ID : 40313065

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. M-PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Category/
Type

Candidate Name

M-PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313066

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LOU CORREA FOR CONGRESS

Mailing Address 420 N TWIN OAKS VALLEY RD
#2229

City San Marcos State CA Zip Code 92079-7090

Purpose of Disbursement

Category/
Type

Candidate Name

Correa, Lou, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: CA District: 46

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313067

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Darren Soto For Congress

Mailing Address 338 N Magnolia Avenue
Suite D

City Orlando State FL Zip Code 32801

Purpose of Disbursement

Category/
Type

Candidate Name

Soto, Darren, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40313068

Amount of Each Disbursement this Period

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jamie Raskin For Congress

Mailing Address P.O. Box 5418

City
Takoma Park

State
MD

Zip Code
20913

Purpose of Disbursement

011

Category/
Type

Candidate Name

Raskin, Jamie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00575126

Transaction ID : 40313069

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Suozzi 2016

Mailing Address 410 Jericho Turnpike
Suite 200

City
Jericho

State
NY

Zip Code
11753

Purpose of Disbursement

011

Category/
Type

Candidate Name

Suozzi, Thomas, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00607200

Transaction ID : 40313070

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Monica Vernon For Congress

Mailing Address PO Box 1635

City
Cedar Rapids

State
IA

Zip Code
52406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Vernon, Monica, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00571562

Transaction ID : 40313071

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ruben Kihuen For Congress

Mailing Address P.O. Box 458

City Las Vegas State NV Zip Code 89125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kihuen, Ruben, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00502773

Transaction ID : 40313072

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carbajal, Salud, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00576041

Transaction ID : 40313073

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Espailat For Congress 2016

Mailing Address 210 Sherman Avenue Suite A

City New York State NY Zip Code 10034

Purpose of Disbursement

011

Category/
Type

Candidate Name

Espailat, Adriano, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NY District: 13

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C C00593525

Transaction ID : 40313074

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom O'Halleran For Congress

Mailing Address PO Box 20375

City
Sedona

State
AZ

Zip Code
86341

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00582890

Transaction ID : 40313075

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hanabusa For Hawaii

Mailing Address P.O. Box 1416

City
Honolulu

State
HI

Zip Code
96806

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hanabusa, Colleen, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00468413

Transaction ID : 40313076

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Mailing Address PO Box 1579

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement

011

Category/
Type

Candidate Name

Panetta, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2016

FEC Identification Number

C C00592154

Transaction ID : 40313077

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sheriff Scott Jones For Congress

Mailing Address 2150 River Plaza Dr. #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jones, Scott, , ,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C00592113

Transaction ID : 40313078

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Category/
Type

Candidate Name

Zeldin, Lee, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C00552547

Transaction ID : 40313079

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C00390724

Transaction ID : 40313080

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davis, Rodney, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2016					

FEC Identification Number

C C00521948

Transaction ID : 40313081

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Stewart Mills

Mailing Address PO Box 1039

City
Brainerd

State
MN

Zip Code
56401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mills, Stewart, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: MN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2016					

FEC Identification Number

C C00588871

Transaction ID : 40313082

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gallagher For New York

Mailing Address 30 Wall Street
8th Floor

City
New York

State
NY

Zip Code
10005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallagher, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2016					

FEC Identification Number

C C00576223

Transaction ID : 40313083

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

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

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Lewis For Congress

Mailing Address P.O. Box 515

City Cottage Grove

State MN

Zip Code 55016

Purpose of Disbursement

011

Category/Type

Candidate Name

Lewis, Jason, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

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

FEC Identification Number

C00589234

Transaction ID : 40313084

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kim Myers For Congress

Mailing Address PO Box 1255

City Vestal

State NY

Zip Code 13851

Purpose of Disbursement

011

Category/Type

Candidate Name

Myers, Kim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NY District: 22

Date of Disbursement

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

FEC Identification Number

C00610642

Transaction ID : 40313085

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard Burr Next Century Fund

Mailing Address PO BOX 97275

City Raleigh

State NC

Zip Code 27624

Purpose of Disbursement

011

Category/Type

Candidate Name

Richard Burr Next Century Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C00594499

Transaction ID : 40313086

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Scott Angelle, Llc

Mailing Address P.O. Box 1385

City
Breaux Bridge

State
LA

Zip Code
70517

Purpose of Disbursement

011

Category/
Type

Candidate Name

Angelle, Scott, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

FEC Identification Number

C 00611145

Transaction ID : 40313087

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

257500.00