

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

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

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

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

5. Covering Period 07 01 2009 through 07 31 2009

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 08 07 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Independent Insurance Agents & Brokers of America, Inc. Political Action Committ-
ee (Insu

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		200491.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	282193.80									
(c) Total Receipts (from Line 19)	73695.50	669360.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355889.30	869851.92								
7. Total Disbursements (from Line 31)	33572.96	547535.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	322316.34	322316.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41588.00	464184.00
(ii) Unitemized	27107.50	200176.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68695.50	664360.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68695.50	664360.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73695.50	669360.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73695.50	669360.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	32500.00	535000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	1375.00
(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))	200.00	1375.00
29. Other Disbursements.....	872.96	11160.58
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33572.96	547535.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33572.96	547535.58

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68695.50	664360.50
34. Total Contribution Refunds (from Line 28(d))	200.00	1375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68495.50	662985.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 62
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory E. Baker

Mailing Address 61 Cordova Street

City State Zip Code
Saint Augustine FL 32084-3630

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

Name of Employer
ThompsonBaker Agency, Inc. Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 8019190

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1921 NW 150 Ave Unit 101

City State Zip Code
Pembroke Pines FL 33082

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

Name of Employer
C & C Insurance, Inc. Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 8019195

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dirk D. DeJong

Mailing Address 1314 E Atlantic Blvd

City State Zip Code
Pompano Beach FL 33060-6745

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

Name of Employer
Frank H. Furman, Inc. Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 8019196

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Derek Martin-Vegue

Mailing Address 5800 Overseas Hwy Ste 43

City Marathon State FL Zip Code 33050-2744

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

Name of Employer Keys Insurance Services, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2009

Transaction ID: 8019201

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 2109 Lavista Exe Park

City Tucker State GA Zip Code 30084-5422

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

Name of Employer Manry & Heston, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2009

Transaction ID: 8019209

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Rebecca Korach

Mailing Address 1301 N Ashland Ave

City Chicago State IL Zip Code 60622-2591

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

Name of Employer Active Insurance Agency Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2009

Transaction ID: 8019210

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Richard S Hollis

Mailing Address 5170 Sanderlin Ave Ste 101

City State Zip Code
Memphis TN 38117-4359

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

Name of Employer: Hollis & Burns Insurance Agency
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: 8019215
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ricky Chastain

Mailing Address 272 W Hancock Ave

City State Zip Code
Athens GA 30601-4552

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

Name of Employer: Chastain & Associates Insurance Agency
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 8044669
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Gould B. Hagler

Mailing Address 3186 Chestnut Drive Conn

City State Zip Code
Doraville GA 30340-3242

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

Name of Employer: Georgia Agency Management Services, In
Occupation: Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: 8044671
Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ► **590.00**

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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Wilson Stiles

Mailing Address 214 Andrews St

City State Zip Code
Rossville GA 30741-1603

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

Name of Employer
Agency Service Group, Inc.
dba Flegal

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2009

Transaction ID: 8044676

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Richard K Viall

Mailing Address 1971 Highway 54 West
Suite 201

City State Zip Code
Peachtree City GA 30269-0446

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

Name of Employer
Viall Insurance Agency

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2009

Transaction ID: 8044677

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Royce M Cross

Mailing Address P O Box 1383

City State Zip Code
Bangor ME 04402-1383

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

Name of Employer
Cross Insurance - Bangor

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2009

Transaction ID: 8044684

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
G. Stephen Beimdiek

Mailing Address 1509 Main St

City State Zip Code
Joplin MO 64804-0751

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

Name of Employer
Beimdiek Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 8044687

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gary Heaviland

Mailing Address 101 E McCarty St

City State Zip Code
Jefferson City MO 65101-2913

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

Name of Employer
Winter-Dent and Company

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 8044689

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Paulette Katz

Mailing Address 88 Main Street

City State Zip Code
Southampton NY 11968-4834

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

Name of Employer
Maurice B Cunningham, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2009

Transaction ID: 8044695

Amount of Each Receipt this Period
500.00

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

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
John V. Stype

Mailing Address 711 Union Ave

City State Zip Code
Aquebogue NY 11931-2340

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

Name of Employer: Neefus-Stype Agency, Inc. Occupation: Senior Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 07 / 2009

Transaction ID: 8044696

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
William F. Rosebure

Mailing Address 3707 N Harrison

City State Zip Code
Shawnee OK 74804-2223

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 07 / 2009

Transaction ID: 8044702

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Jeff A. Thiel

Mailing Address 10335 N Port Washington Rd

City State Zip Code
Mequon WI 53092-5763

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

Name of Employer: Fitzgerald, Clayton, James & Kasten, I Occupation: Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 07 / 2009

Transaction ID: 8044706

Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Bob Stiles		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 214 Andrews St		Transaction ID: 8046024		
	City Rossville	State GA	Zip Code 30741-1603	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Agency Service Group, Inc. dba Flegal	Occupation CEO	Aggregate Year-to-Date 1120.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Andrew Coard		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 207 Jefferson St		Transaction ID: 8046033		
	City Eatonton	State GA	Zip Code 31024-5762	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Peoples Agency, Inc.	Occupation	Aggregate Year-to-Date 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Matt Dorsey		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 812 Northwood Park Drive		Transaction ID: 8046038		
	City Valdosta	State GA	Zip Code 31602-1398	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Valdosta Insurance Serv- ices, Incorpora	Occupation Yes	Aggregate Year-to-Date 160.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 / 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kevin Jackson		Date of Receipt
	Mailing Address 2009 Montreal Rd		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucker	GA	30084-5227
	FEC ID number of contributing federal political committee. C		Transaction ID: 8046044
Name of Employer Williams Turner & Mathis, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="295.00"/>	<input type="text" value="45.00"/>

B.	Full Name (Last, First, Middle Initial) Ash L. Smith		Date of Receipt
	Mailing Address 245 Davis Rd		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Augusta	GA	30907-2407
	FEC ID number of contributing federal political committee. C		Transaction ID: 8046061
Name of Employer Blanchard & Calhoun Insurance Agency,		Occupation Account Executive, VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="40.00"/>

C.	Full Name (Last, First, Middle Initial) Wilson Stiles		Date of Receipt
	Mailing Address 214 Andrews St		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rossville	GA	30741-1603
	FEC ID number of contributing federal political committee. C		Transaction ID: 8046067
Name of Employer Agency Service Group, Inc. dba Flegal		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="40.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Matt Dorsey

Mailing Address 812 Northwood Park Drive

City State Zip Code
Valdosta GA 31602-1398

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

Name of Employer
Valdosta Insurance Servic-
es, Incorpora Occupation
Yes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: 8047151

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Tobin Hagler

Mailing Address 2009 Montreal Rd

City State Zip Code
Tucker GA 30084-5227

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

Name of Employer
Williams Turner & Mathis,
Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: 8047152

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jason T Dahl

Mailing Address 3385 S Holmes Ave

City State Zip Code
Idaho Falls ID 83404-7981

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

Name of Employer
Castle Lake Insurance, LLC Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: 8047154

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Ted Joyce		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 225 Smith Road		Transaction ID: 8047155		
	City Saint Charles	State IL	Zip Code 60174-5208	Amount of Each Receipt this Period 1050.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wine Sergi & Co LLC	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00			

B.	Full Name (Last, First, Middle Initial) Dan A. Sergi		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 225 Smith Rd		Transaction ID: 8047156		
	City St Charles	State IL	Zip Code 60174-5208	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wine Sergi & Co LLC	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

C.	Full Name (Last, First, Middle Initial) Matthew deBlanc		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 2380 Barataria Blvd		Transaction ID: 8047157		
	City Marrero	State LA	Zip Code 70072-5459	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Continental Insurance Ser- vices	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Hartwig Moss IV		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 2626 Canal St 3rd Floor		Transaction ID: 8047158		
	City New Orleans	State LA	Zip Code 70119-6410	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hartwig Moss Insurance Agency Ltd.	Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) William Sybesma, Jr		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 200 Hamburg Tpke		Transaction ID: 8047162		
	City Wayne	State NJ	Zip Code 07470-2116	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Business Service Agency	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) JoAnne Murray		Date of Receipt MM / DD / YYYY 07 / 08 / 2009		
	Mailing Address 24 S Broadway		Transaction ID: 8047165		
	City Tarrytown	State NY	Zip Code 10591-4002	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allan M Block Agency, Inc.	Occupation Vice President/ Treas	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Edward L. Schultz		Date of Receipt
	Mailing Address 24 S Broadway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 08 / 2009
	City	State	Zip Code
	Tarrytown	NY	10591-4002
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allan M Block Agency, Inc.		Occupation President	Transaction ID: 8047166
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Wayne Gosnell		Date of Receipt
	Mailing Address 925F Wappoo Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 08 / 2009
	City	State	Zip Code
	Charleston	SC	29407-5969
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Gosnell Insurance & Associates		Occupation Owner	Transaction ID: 8047169
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Arthur J. Williams		Date of Receipt
	Mailing Address 1700 4th Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 14 / 2009
	City	State	Zip Code
	Jasper	AL	35501-5328
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Byars & Associates, Inc.		Occupation Vice President	Transaction ID: 8059841
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James F. Suzio		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2009		
	Mailing Address 54 Chamberlain Hwy		Transaction ID: 8059842		
	City Meriden	State CT	Zip Code 06451-5812	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Suzio Insurance Center, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Patrick Dolan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2009		
	Mailing Address 107 E Delaware		Transaction ID: 8059853		
	City Manchester	State IA	Zip Code 52057-2208	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dolan Insurance Agency	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dennis C. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2009		
	Mailing Address 924 Central Ave		Transaction ID: 8059855		
	City Fort Dodge	State IA	Zip Code 50501-4800	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anchor Insurance Agency	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Timothy Connell		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address 1691 S Business Hwy 65		Transaction ID: 8059862		
	City Hollister	State MO	Zip Code 65672-6342	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Connell Insurance, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Bob Biskupiak		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address 3131 Dredge Drive		Transaction ID: 8059864		
	City Helena	State MT	Zip Code 59602-0523	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Independent Insurance Age- nts of Montan	Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Joseph D. Bennett, Joe		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address PO Box 309		Transaction ID: 8059875		
	City Wetumpka	State AL	Zip Code 36092-0006	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cousins Insurance Agency, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
William E. Jeney, Jr.

Mailing Address 495 Main St

City Metuchen State NJ Zip Code 08840-1454

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

Name of Employer Schenck Agency, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059878

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gerry Griffin

Mailing Address 7452 S Broadway

City Red Hook State NY Zip Code 12571-1771

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

Name of Employer Key Ins. Agency Inc. DBA Griffin Agenc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059882

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steven Hagen

Mailing Address 25 W Main

City Evansville State WI Zip Code 53536-1143

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

Name of Employer Hagen Insurance Agency Inc Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059896

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Raymond (Skip) C. Hansen

Mailing Address 100 North Corporate Drive Suite 10

City State Zip Code
Brookfield WI 53045-5800

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

Name of Employer Occupation
Diversified Insurance Ser- Vice President
vices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059897

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Rick F. Kekula

Mailing Address 3113 West Beltline Hwy

City State Zip Code
Madison WI 53713-2830

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

Name of Employer Occupation
Mortenson Matzelle & Meld- Executive Vice President
rum, Inc.

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059898

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William O. Somers

Mailing Address 42815 N Ridge Rd

City State Zip Code
Elyria OH 44035-1053

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

Name of Employer Occupation
Somers Agency, Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059915

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joe L Strunk

Mailing Address 10305 N May Ave

City State Zip Code
Oklahoma City OK 73120-2609

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

Name of Employer Occupation
Alexander & Strunk Inc Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059916

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stephen Bryant

Mailing Address 532 Princeton Rd

City State Zip Code
Johnson City TN 37601-2030

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

Name of Employer Occupation
Heritage Insurance Group Inc. - Johnso President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059917

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Jim Rogers

Mailing Address 2001 6th Ave Ste 2717
The Westin Bldg

City State Zip Code
Seattle WA 98121-2521

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

Name of Employer Occupation
Rogers & Norman, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8059918

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael S. Rifkin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2009		
	Mailing Address 1499 Blake Street # 2G		Transaction ID: 8068207		
	City Denver	State CO	Zip Code 80202-1356	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rifkin Insurance Assocs Inc	Occupation Agency Principal	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) James F. Tullis		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2009		
	Mailing Address 1645 San Marco Blvd		Transaction ID: 8068208		
	City Jacksonville	State FL	Zip Code 32207-1022	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer James F. Tullis & Associa- tes, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) James J. Byrnes, III		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2009		
	Mailing Address 77 cady lane		Transaction ID: 8068209		
	City Woodstock	State CT	Zip Code 06281-1800	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Byrnes Agency, Inc	Occupation President	Aggregate Year-to-Date 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Nathan Riedel

Mailing Address 127 South Peyton Street

City State Zip Code
Alexandria VA 22314-2879

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

Name of Employer
Independent Insurance Age-
nts & Brokers

Occupation
Vice President, Political Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 8068213

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Tom Helbach

Mailing Address 306 Water St

City State Zip Code
Mosinee WI 54455-1458

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

Name of Employer
Mosinee Insurance Agency,
Inc.

Occupation
Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 8068214

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 150 Westward Drive

City State Zip Code
Miami Springs FL 33166-5258

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

Name of Employer
Coastal Insurance Group,
Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 8068215

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Madelyn Flanagan	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 127 South Peyton Street	Transaction ID: 8068217
	City State Zip Code Alexandria VA 22314-2879	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Independent Insurance Agents & Brokers	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Geoff Plott	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 1701 McFarland Blvd North	Transaction ID: 8068219
	City State Zip Code Tuscaloosa AL 35406-2135	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Wells Fargo Insurance Services of Alab	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Todd C. Henricks	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 103 S Jackson St	Transaction ID: 8068223
	City State Zip Code Cerro Gordo IL 61818-0110	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Chapman-Henricks Ins Agcy Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Allan B. Webb		Date of Receipt
	Mailing Address 310 Caverns Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2009
	City	State	Zip Code
	Calhoun	GA	30701-4744
	FEC ID number of contributing federal political committee. C		Transaction ID: 8068230
Name of Employer Graham-Naylor Agency, Inc.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Bryan Clinkscales		Date of Receipt
	Mailing Address 109 N Spring St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2009
	City	State	Zip Code
	Springdale	AR	72764-4552
	FEC ID number of contributing federal political committee. C		Transaction ID: 8068231
Name of Employer Boone-Ritter Insurance		Occupation Principal	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Steven G. Buelow		Date of Receipt
	Mailing Address 910 S Main		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2009
	City	State	Zip Code
	Hope	AR	71801-6525
	FEC ID number of contributing federal political committee. C		Transaction ID: 8068234
Name of Employer Anderson-Frazier Insurance Agency of H		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 62
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Chris Ballard

Mailing Address 11671 SE 1st St Ste 100

City State Zip Code
Bellevue WA 98005-3759

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

Name of Employer The Ballard Agency, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 8068236

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 5050 Ritter Rd

City State Zip Code
Mechanicsburg PA 17055-4879

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

Name of Employer Insurance Agents & Brokers Service Gro Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 8068240

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Andrew J. Valdivia

Mailing Address 807 Arizona Ave

City State Zip Code
Santa Monica CA 90401-1805

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 8068242

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cindy Lirette		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 304 Corporate Dr Ste E		Transaction ID: 8068247		
	City Houma	State LA	Zip Code 70360-2458	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer USI Gulf Coast, Inc.	Occupation SR. V.P. of Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Bernard McKenzie		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 2201 Forsythe Ave		Transaction ID: 8068252		
	City Monroe	State LA	Zip Code 71201-3643	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Community Financial Insurance Center.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) R. Scott Kirkpatrick		Date of Receipt MM / DD / YYYY 07 / 16 / 2009		
	Mailing Address P O Box 8		Transaction ID: 8069310		
	City Bronson	State MI	Zip Code 49028-0008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hathaway Agency, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	342.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan Hedrick		Date of Receipt	
	Mailing Address 140 S Walnut		M M / D D / Y Y Y Y Y 07 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 8069314
	Dexter	MO	63841-2142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer County Wide Ins and Real Estate		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Raymond Taylor		Date of Receipt	
	Mailing Address 16 E 40th St Fl 11		M M / D D / Y Y Y Y Y 07 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 8069315
	New York	NY	10016-0113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Taylor & Taylor Associates, Inc.		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

C.	Full Name (Last, First, Middle Initial) Brad Green		Date of Receipt	
	Mailing Address P O Box 3299		M M / D D / Y Y Y Y Y 07 / 16 / 2009	
	City	State	Zip Code	Transaction ID: 8069316
	Kirkland	WA	98083-3299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Conover Insurance		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Larry Beach

Mailing Address 4544 E Camp Lowell Drive

City Tucson State AZ Zip Code 85712-1282

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

Name of Employer GBP Risk Solutions Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070260

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
W Anderson Baker, III

Mailing Address 1615 Poydras St # 600

City New Orleans State LA Zip Code 70112-1238

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

Name of Employer Gillis Ellis & Baker Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070266

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Danny Wilks

Mailing Address PO Box 789

City Columbia State MS Zip Code 39429-0789

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

Name of Employer Danny Wilks Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070269

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 205 Front St

City Northumberland State PA Zip Code 17857-1611

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

Name of Employer Pfeiffer-Naginey Insurance, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070271

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1160 Fording Island Road

City Bluffton State SC Zip Code 29910-8625

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

Name of Employer Kinghorn Insurance Services, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070272

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 2 Westbury Parkway Ste 103

City Bluffton State SC Zip Code 29910-8857

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

Name of Employer BB&T/ Carswell Insurance Services Occupation Exec. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 8070273

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Doug S. Favre		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 20 S King St		Transaction ID: 8070275		
	City Hampton	State VA	Zip Code 23669-4042	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lackey Saunders Co. Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Donald B. Blackadar, Jr		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 1436 N Ronald Reagan Blvd		Transaction ID: 8076896		
	City Longwood	State FL	Zip Code 32750-3462	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blackadar Insurance Agenc- y, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Thomas J. Masterson		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 128 W St Charles Rd		Transaction ID: 8076900		
	City Lombard	State IL	Zip Code 60148-2231	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Thomas J Masterson & Co	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stephen L. Ross		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address PO Box 817		Transaction ID: 8076908		
	City Arkansas City	State KS	Zip Code 67005-0817	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Robert H. Clarkson		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 401 W Main St # 1500		Transaction ID: 8076909		
	City Louisville	State KY	Zip Code 40202-2927	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer R. H. Clarkson Insurance Agency, LLC	Occupation Insurance Agent	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Steve B. Thompson		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 137 W Muhammad Ali Blvd # 200		Transaction ID: 8076911		
	City Louisville	State KY	Zip Code 40202-1429	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sterling G. Thompson Company	Occupation Chief Executive Officer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 1340 Poydras St Ste 1900

City State Zip Code
New Orleans LA 70112-1224

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

Name of Employer Occupation
Eustis Insurance, Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 8076912

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Gretchen Hopp-Doyle

Mailing Address 20789 Harper Avenue

City State Zip Code
Harper Woods MI 48225-1130

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

Name of Employer Occupation
Baker-Hopp & Associates Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 8076914

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Martha Leedle

Mailing Address 2532 Old US 23

City State Zip Code
Hartland MI 48353

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

Name of Employer Occupation
Hartland Insurance Agency, Inc. Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: 8076915

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) G. Richard Greenlee		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 1062 Highland Col Pkwy Ste 125 Concourse 200 Suite 125		Transaction ID: 8076916		
	City Ridgeland	State MS	Zip Code 39157-8826	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Boyles Moak & Stone d/b/a Boyles Moak	Occupation Executive Vice President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Tom Jennings		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 410 W Seventh St		Transaction ID: 8076928		
	City Columbia	State TN	Zip Code 38401-3135	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Redman-Davis, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Busch H. Thoma		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 210 N E Atlantic St		Transaction ID: 8076929		
	City Tullahoma	State TN	Zip Code 37388-3575	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer E.B. Thoma and Son Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
James T. Armitage

Mailing Address 440 Huntington Dr Ste 100

City State Zip Code
Arcadia CA 91066-1840

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

Name of Employer Arroyo Insurance Services, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 22 / 2009

Transaction ID: 8077288

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 123 N Main St

City State Zip Code
Elkader IA 52043-7700

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

Name of Employer Gifford Insurance Agency Inc Occupation Agency Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2009

Transaction ID: 8077289

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Lisa Meyer

Mailing Address 105 S Main St

City State Zip Code
Monona IA 52159

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

Name of Employer Hometown Insurance Agency Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2009

Transaction ID: 8077290

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Phil Tyler

Mailing Address 111 W Mills

City State Zip Code
Creston IA 50801-2312

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

Name of Employer
Tyler Insurance Services, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: 8077291

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Reid H. Jones

Mailing Address P O Box 1027

City State Zip Code
Canton NC 28716-1027

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

Name of Employer
Patton Morgan & Clark Insurance

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: 8077300

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J Theodore Ray

Mailing Address PO Box 17088

City State Zip Code
Smithfield RI 02917-0702

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

Name of Employer
Duxbury & Ray Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: 8077301

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Wayne M. Partee

Mailing Address 584 S Grand Ave

City State Zip Code
Covina CA 91724-3467

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

Name of Employer
Partee Insurance Associat-
es, Inc. Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 8088533

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Bradley Block

Mailing Address 555 S Perryville Rd

City State Zip Code
Rockford IL 61108-2530

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

Name of Employer
Williams-Manny, Inc. Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 8088536

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 555 S Perryville Rd

City State Zip Code
Rockford IL 61108-2530

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

Name of Employer
Williams-Manny, Inc. Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 8088537

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 62		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

Full Name (Last, First, Middle Initial) Timothy Knauf		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 555 S Perryville Rd		Transaction ID: 8088539
City Rockford	State IL	Zip Code 61108-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Williams-Manny, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Steven Johnson		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 555 S Perryville Rd		Transaction ID: 8088540
City Rockford	State IL	Zip Code 61108-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Williams-Manny, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) David Raht		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 555 S Perryville Rd		Transaction ID: 8088541
City Rockford	State IL	Zip Code 61108-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Williams-Manny, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Anne Molyneaux	Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2009
	Mailing Address 100 Kirkwood Blvd	Transaction ID: 8088545
	City State Zip Code Davenport IA 52803-4511	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Molyneaux Insurance, Inc. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Thomas Ross	Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2009
	Mailing Address 4153 Main St	Transaction ID: 8088548
	City State Zip Code Chicago IL 60655	Amount of Each Receipt this Period 341.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation T A Cummings Jr Co Inc Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1356.00	

C.	Full Name (Last, First, Middle Initial) James Muse	Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2009
	Mailing Address 4000 Park Rd	Transaction ID: 8088561
	City State Zip Code Charlotte NC 28209-2274	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Edwards, Church & Muse, Inc. Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1091.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sean M. Ryan

Mailing Address 87 Lackawanna Ave

City State Zip Code
Totowa NJ 07512-2335

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

Name of Employer Occupation
Hanson & Ryan, Inc. VP Personal Lines

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 8091453

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
David J. Strout, Jr.

Mailing Address 135 S Broad St
Suite B

City State Zip Code
Woodbury NJ 08096-2441

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

Name of Employer Occupation
Cettei & Connell, Inc. Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 8091459

Amount of Each Receipt this Period
10.00

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

Mailing Address 200 Stuyvesant Ave

City State Zip Code
Lyndhurst NJ 07071-1705

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

Name of Employer Occupation
Bogle Agency, Inc. Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 8091471

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 25.00

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 42 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard Hartley	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 2747 University Avenue	Transaction ID: 8092555
	City State Zip Code San Diego CA 92104-2811	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Hartley Cylke Pacific Insurance Servic	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Joseph B. McClain	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 820 S Main St	Transaction ID: 8092561
	City State Zip Code Paris KY 40361-1706	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Hopewell Company, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Raymond H. Nelson, Jr	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 1102 E 21st St	Transaction ID: 8092562
	City State Zip Code Hopkinsville KY 42240-4698	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Raymond Nelson Insurance Agency	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Richard J Norman

Mailing Address 4 Bartlett Lane

City State Zip Code
South Thomaston ME 04858-3055

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

Name of Employer Norman Assurance Associates
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8092566

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Joe Merullo

Mailing Address 100 Enterprise Dr
Ste 501

City State Zip Code
Rockaway NJ 07866-2129

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

Name of Employer Vreeland Insurance, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8092569

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Robert M Parsons

Mailing Address 440 S Warren St
The Galleries Suite 704

City State Zip Code
Syracuse NY 13202-2601

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

Name of Employer Parsons & Associates, Inc.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8092570

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles R. Parsons		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 440 S Warren St The Galleries Suite 704		Transaction ID: 8092571		
	City Syracuse	State NY	Zip Code 13202-2601	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Parsons & Associates, In- c. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) John Ketner		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 4000 Park Rd		Transaction ID: 8092572		
	City Charlotte	State NC	Zip Code 28209-2274	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Edwards, Church & Muse, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Nanette Bramlett		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 1505 N Commerce # 104		Transaction ID: 8092575		
	City Ardmore	State OK	Zip Code 73401-1859	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Bramlett Agency, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Frederick Thomas	Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2009
	Mailing Address 330 E Kilbourn Ave Ste 650	Transaction ID: 8092582
	City State Zip Code Milwaukee WI 53202-3175	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Robertson-Ryan & Associates Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Daniel L. Antle	Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2009
	Mailing Address 134 Public Square	Transaction ID: 8093787
	City State Zip Code Columbia KY 42728-1452	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Reed Brothers Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Joseph Hall	Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2009
	Mailing Address PO Box 248	Transaction ID: 8093788
	City State Zip Code Lagrange KY 40031-0248	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer J. W. Hall & Sons, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Worgess	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 55 McCamly St N	Transaction ID: 8093790
	City State Zip Code Battle Creek MI 49017-3523	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Worgess Agency, Inc. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Brian R Bixby	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 2274 Crego Street	Transaction ID: 8093793
	City State Zip Code Baldwinsville NY 13027-1004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ind Ins Agents & Brokers of New York Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) John C. Parsons, II	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 440 S Warren St The Galleries Suite 704	Transaction ID: 8093794
	City State Zip Code Syracuse NY 13202-2601	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Parsons & Associates, In- Vice President c.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Michael H. Spain

Mailing Address 625 Route 6

City State Zip Code
Mahopac NY 10541-4794

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

Name of Employer Occupation
Spain Agency, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8093795

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 528 Putnam Pike

City State Zip Code
Greenville RI 02828-3019

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8093799

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 10335 N Port Washington Rd

City State Zip Code
Mequon WI 53092-5763

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

Name of Employer Occupation
Fitzgerald, Clayton, James & Kasten, I Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 8093801

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 / 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Eric Lewison		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address PO Box 528		Transaction ID: 8093802		
	City Baraboo	State WI	Zip Code 53913-0528	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Don-Rick Insurance, Inc.	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Neil T. Annas		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address 1460 May Road		Transaction ID: 8100573		
	City Granite Falls	State NC	Zip Code 28630-9230	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Granite Insurance Agency, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1030.00			

C.	Full Name (Last, First, Middle Initial) Scott Wheeler		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address 13500105 NC Hwy 50 210		Transaction ID: 8100605		
	City Surf City	State NC	Zip Code 28445	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SFI Group Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dean Wooten		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address PO Box 827		Transaction ID: 8100607		
	City Statesville	State NC	Zip Code 28687-0827	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wooten Insurance Center	Occupation Owner	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1040.00

B.	Full Name (Last, First, Middle Initial) Bill Bingham		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address 20830 Torrence Chapel Rd Ste 207		Transaction ID: 8100611		
	City Cornelius	State NC	Zip Code 28031-0320	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Moore and Johnson Agency	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
500.00

C.	Full Name (Last, First, Middle Initial) Michael O. Ham		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address 821 Baxter St Ste 312		Transaction ID: 8100612		
	City Charlotte	State NC	Zip Code 28202-2713	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hutch Ham Agency, Inc.	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1520.00
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 50 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul Hoover, IV		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2009		
	Mailing Address 3741 Benson Drive		Transaction ID: 8100615		
	City Raleigh	State NC	Zip Code 27609-7324	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Durfey-Hoover-Bowden Insurance Agency	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Nancy Newmister		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2009		
	Mailing Address PO Box 49130		Transaction ID: 8100620		
	City Charlotte	State NC	Zip Code 28277-9130	Amount of Each Receipt this Period 850.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Montgomery Insurance	Occupation Insurance Agent	Aggregate Year-to-Date 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Scott Stanberry		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2009		
	Mailing Address 715 E Main St		Transaction ID: 8100623		
	City Sylva	State NC	Zip Code 28779-5800	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stanberry Insurance Agency, Inc.	Occupation President	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 1001 Wade Avenue Ste 202

City Raleigh State NC Zip Code 27605-3323

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

Name of Employer HPW Insurance Services, LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 8100629

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 808 N Berkeley Blvd

City Goldsboro State NC Zip Code 27534-3429

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

Name of Employer Evans & Associates Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 8100631

Amount of Each Receipt this Period 70.00

C.

Full Name (Last, First, Middle Initial)
John Pick

Mailing Address 555 S Perryville Rd

City Rockford State IL Zip Code 61108-2530

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

Name of Employer Williams-Manny, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2009

Transaction ID: 8101207

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 570.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Thomas F. Bagley, III		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 44 Main St		Transaction ID: 8101211
City Leominster	State MA	Zip Code 01453-5502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anderson Bagley & Mayo	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dale Heesch		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 209 St Olaf Ave		Transaction ID: 8101212
City Baltic	State SD	Zip Code 57003-0271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dakota Insurance Agency, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Louis Sofianakos		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 5 Hanover Rd		Transaction ID: 8101213
City Florham Park	State NJ	Zip Code 07932-1807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AAA New Jersey Insurance Agency	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Stan Hladik

Mailing Address 87 Lackawanna Ave

City State Zip Code
Totowa NJ 07512-2335

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

Name of Employer Occupation
Hanson & Ryan, Inc. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 8110989

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patrick Turlington

Mailing Address 1396 WESTGATE CENTER DR

City State Zip Code
Winston Salem NC 27103-2932

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

Name of Employer Occupation
The Phoenix Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: 8111140

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$150.00 This changes the YTD Total to \$50.00

C.

Full Name (Last, First, Middle Initial)
Elaine Wagener

Mailing Address 800 N Main St

City State Zip Code
Antioch IL 60002-1542

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

Name of Employer Occupation
Wagener Insurance Agency Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: 8111141

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$35.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	41588.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 54 / 62	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Glacier PAC		Date of Receipt	
	Mailing Address 3242 Cummins Way, Suite 603		M M / D D / Y Y Y Y 07 / 28 / 2009	
	City	State	Zip Code	Transaction ID: 8101508
	Missoula	MT	59802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C C00353953	5000.00
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	5000.00	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 62

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) House Conservatives Fund <hr/> Mailing Address PO Box 2752 <hr/> City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095505 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Republican Majority Fund <hr/> Mailing Address P.O. Box 144 <hr/> City Alexandria State VA Zip Code 22313 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095506 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCOTTPAC <hr/> Mailing Address 1305 East Abingdon Drive #2 <hr/> City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095508 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Our Congress PAC <hr/> Mailing Address P.O. Box 344 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095509 Date of Disbursement 07 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Rock City PAC <hr/> Mailing Address 1015 Stonebridge Park Drive <hr/> City Franklin State TN Zip Code 37069 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095511 Date of Disbursement 07 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement Candidate Name Rep. Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095512 Date of Disbursement 07 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City Little Rock State AR Zip Code 72203

Purpose of Disbursement 011 Category/Type

Candidate Name Sen. Blanche Lambert Lincoln

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

State: AR District:

Transaction ID: 8095513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Thaddeus G. McCotter

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

State: MI District: 11

Transaction ID: 8095514

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement 011 Category/Type

Candidate Name Rep. Paul E. Kanjorski

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

State: PA District: 11

Transaction ID: 8095515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8095516 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress <hr/> Mailing Address PO Box 7783 <hr/> City Rockford State IL Zip Code 61126 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Donald A. Manzullo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 500.00	
011 Category/ Type	
C. Full Name (Last, First, Middle Initial) Buckeye Liberty PAC <hr/> Mailing Address 1155 21st Street, NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 8101244 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
Amount of Each Disbursement this Period 5000.00	
011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement

Candidate Name
Rep. Kenneth Marchant

Office Sought: House
 Senate
 President

State: TX District: 24

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8110332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

32500.00

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)

PAGE 61 / 62

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8110485 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 4.95
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8110486 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 315.43
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal Inc. <hr/> Mailing Address 1840 Embarcadero Rd <hr/> City Palo Alto State CA Zip Code 94303 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8110487 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 89.90
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

410.28

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 62

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Fifth Third Processing Solutions

Mailing Address 38 Fountain Square Plaza

City State Zip Code
Cincinnati OH 45263

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 8110488

Date of Disbursement

07 / 06 / 2009

Amount of Each Disbursement this Period

380.93

SUBTOTAL of Disbursements This Page (optional) ▶

380.93

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

791.21