

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 06 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Nathan M. Riedel

Signature of Treasurer Electronically Filed by Nathan M. Riedel Date 07 18 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		228856.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	364802.22									
(c) Total Receipts (from Line 19)	47138.50	607275.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	411940.72	836131.66								
7. Total Disbursements (from Line 31)	135193.58	559384.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276747.14	276747.14								
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:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27832.00	440089.00
(i) Itemized (use Schedule A)	19306.50	167186.34
(ii) Unitemized	47138.50	607275.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47138.50	607275.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47138.50	607275.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47138.50	607275.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	133500.00	548000.00
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	660.00	910.00
(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))	660.00	910.00
29. Other Disbursements.....	1033.58	10474.52
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))..	135193.58	559384.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135193.58	559384.52

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47138.50	607275.34
34. Total Contribution Refunds (from Line 28(d))	660.00	910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46478.50	606365.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 61
	<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)
Terry W. Youngblood

Mailing Address 300 Olive St Ste 515

City State Zip Code
Texarkana AR 75504

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

Name of Employer: Young & Youngblood Insurance Agency, I
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: 6830883
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 922 Stafford Road

City State Zip Code
Storrs Mansfield CT 06268-1811

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

Name of Employer: Wilcox & Reynolds Insurance LLC
Occupation: Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: 6830884
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Robert L. Medley

Mailing Address 3815 Classen Blvd

City State Zip Code
Oklahoma City OK 73118-2826

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

Name of Employer: Medley/Turrentine & Associates
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: 6830908
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 7 / 61
	<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)
Tony Caldwell

Mailing Address 3001 United Founders Blvd B

City State Zip Code
Oklahoma City OK 73112-4291

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

Name of Employer
Oklahoma Business Insurors

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
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830910

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
William J. Combies, Jr

Mailing Address 3743 Post Rd

City State Zip Code
Warwick RI 02886-7221

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

Name of Employer
Bentsen-Combies Insurance, 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
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830912

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4505 Falls of Neues Rd Ste 650

City State Zip Code
Raleigh NC 27609-2523

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

Name of Employer
Wilson-Ramseur 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
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830913

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **834.00**

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 / 61
	<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)
Bryan Clinkscales

Mailing Address 109 N Spring St

City State Zip Code
Springdale AR 72764-4552

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

Name of Employer Occupation
Boone-Ritter Insurance Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830961

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Eddie Hawkins

Mailing Address P O Drawer 39

City State Zip Code
Conway AR 72033

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

Name of Employer Occupation
Robert L Ott Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830962

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mack Milner

Mailing Address 2221 South Olive St Ste A

City State Zip Code
Pine Bluff AR 71601-6558

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

Name of Employer Occupation
Milner Insurance Group Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 6830964

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 9 / 61
	<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) David Dethloff		Date of Receipt
	Mailing Address 6425 Youree Dr Ste 120		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shreveport	LA	71105-4600
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 6830977
Name of Employer Dethloff & Associates, In- c.		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Richard A. Perras		Date of Receipt
	Mailing Address 6 Campus Lane		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Easthampton	MA	01027-1430
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 6830978
Name of Employer Finck & Perras Insurance Agency Inc		Occupation Insurance Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Bob Biskupiak		Date of Receipt
	Mailing Address 1200 N Montana Avenue		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Helena	MT	59601-3500
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 6830980
Name of Employer Payne Financial Group, In- c.		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
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 10 / 61
	<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) Daniel C. Weber, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address 1461 Lakeland Ave Ste 3		Transaction ID: 6830989		
	City Bohemia	State NY	Zip Code 11716-2174	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hometown Insurance Agency of L.I., 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) ▼					

B.	Full Name (Last, First, Middle Initial) Robert G. Padula		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address 16 Main St		Transaction ID: 6830993		
	City East Greenwich	State RI	Zip Code 02818-3827	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gencorp Insurance Group, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Frank Richard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address 342 Park Ave		Transaction ID: 6830994		
	City Woonsocket	State RI	Zip Code 02895-5360	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Esten & Richard Agency, Inc.	Occupation Insurance Agent	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 11 / 61
<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) Dale Heesch		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 209 St Olaf Ave		Transaction ID: 6830995		
	City Baltic	State SD	Zip Code 57003-0271	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	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

B.	Full Name (Last, First, Middle Initial) Jeff A. Thiel		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 10335 N Port Washington Rd		Transaction ID: 6831001		
	City Mequon	State WI	Zip Code 53092-5763	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fitzgerald, Clayton, James & Kasten, I	Occupation Senior Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) Mike Iverson		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 1117 Perimeter Center West W101		Transaction ID: 6831088		
	City Atlanta	State GA	Zip Code 30338-5449	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Snellings Walters Insurance	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
330.00

SUBTOTAL of Receipts This Page (optional)	580.00
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 / 61
	<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)
Andrew H. Knox

Mailing Address 139 Main St

City Thomson State GA Zip Code 30824-2615

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

Name of Employer Watson & Knox, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 6831089

Amount of Each Receipt this Period 40.00

B.

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

Mailing Address 5775 Glenridge Dr NE Ste B400

City Atlanta State GA Zip Code 30328-7133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 6831096

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Randall G. Peters

Mailing Address PO Box 850

City Ringgold State GA Zip Code 30736-0850

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

Name of Employer Agency Service Group, Inc. dba Weeks & Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 6831106

Amount of Each Receipt this Period 40.00

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:	PAGE 13 / 61
	(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) Jackson Sherrill, III		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 7805 Waters Avenue Suite 12B		Transaction ID: 6831113
City Savannah	State GA	Zip Code 31406-2445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Steinheimer/Sullivan Insu- rance Agency.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

B.

Full Name (Last, First, Middle Initial) Wilson W. Stiles		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 214 Andrews St		Transaction ID: 6831120
City Rossville	State GA	Zip Code 30741-1603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Flegal Insurance, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) Dan Deener		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 726 N Summit St		Transaction ID: 6831134
City Arkansas City	State KS	Zip Code 67005-2220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 61
	<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 Fee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address First Natl Bank Ctr 1 N Main Ste 700		Transaction ID: 6831141		
	City Hutchinson	State KS	Zip Code 67501-5252	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fee Insurance Group, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.00			

B.	Full Name (Last, First, Middle Initial) Larry Magill		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address 815 SW Topeka Blvd		Transaction ID: 6831168		
	City Topeka	State KS	Zip Code 66612-1672	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Agency Services Corporati- on of Kansas	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.00			

C.	Full Name (Last, First, Middle Initial) Greg Renn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	Mailing Address P O Box 40		Transaction ID: 6831180		
	City Wellington	State KS	Zip Code 67152-0040	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Renn & Company, Ins.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 580.00			

SUBTOTAL of Receipts This Page (optional)	▶	30.00
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 / 61
	<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)
Randy Allison

Mailing Address 1111 S Bowman Rd Ste B4

City Little Rock State AR Zip Code 72211-3766

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 10 / 2008

Transaction ID: 6864558

Amount of Each Receipt this Period 600.00

B.

Full Name (Last, First, Middle Initial)
Lilburn W. Carlisle

Mailing Address 114 E Conway St

City Benton State AR Zip Code 72015-3757

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

Name of Employer Thomas Real Estate & Insurance Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2008

Transaction ID: 6864559

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 400 Harrison St Ste 201

City Batesville State AR Zip Code 72501-6900

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

Name of Employer White River Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2008

Transaction ID: 6864560

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 61
(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)
Jim Thomas

Mailing Address PO Box 60

City State Zip Code
Greenbrier AR 72058-0060

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

Name of Employer
Thomas Cos., Inc./dba Tho-
mas Ins. Agen

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
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6864562

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Samuel F. Slaughter, III

Mailing Address P O Box 1179

City State Zip Code
Wildwood FL 34785-1179

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

Name of Employer
Frank Slaughter Insurance
Agency 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
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6864567

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dale Chaffin

Mailing Address 3006 Broadway Avenue

City State Zip Code
Hays KS 67601-1916

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

Name of Employer
Insurance Planning, Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6864578

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 61
<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) Lonny Claycamp		Date of Receipt MM / DD / YYYY 06 / 10 / 2008	
	Mailing Address 3006 Broadway Avenue		Transaction ID: 6864579	
	City	State	Zip Code	Amount of Each Receipt this Period
	Hays	KS	67601-1916	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Planning, 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) Dennis Guernsey		Date of Receipt MM / DD / YYYY 06 / 10 / 2008	
	Mailing Address 920 S Garfield Ave		Transaction ID: 6864584	
	City	State	Zip Code	Amount of Each Receipt this Period
	Traverse City	MI	49686-3490	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Ford Insurance Agency, In- c.		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) J David Ferris		Date of Receipt MM / DD / YYYY 06 / 10 / 2008	
	Mailing Address 2333 N Triphammer Rd Village Office Campus Ste 501		Transaction ID: 6864589	
	City	State	Zip Code	Amount of Each Receipt this Period
	Ithaca	NY	14850-1082	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer P. W. Wood & Son, Inc.		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 61
(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)
John Gardner

Mailing Address 390 Pondella Road 1

City State Zip Code
N. Ft Myers FL 33903-4340

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

Name of Employer Lee County Insurance Agen-
cy, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6873742

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Jackie Gould

Mailing Address One Century Centre
1750 E Golf Road

City State Zip Code
Schaumburg IL 60173-5835

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

Name of Employer Assurance Agency Ltd Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6873747

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 2603 W Charleston Blvd

City State Zip Code
Las Vegas NV 89102-2121

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

Name of Employer Cragin & Pike Inc Occupation 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
0 6 / 1 0 / 2 0 0 8

Transaction ID: 6873749

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 61
(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)
Vincent Mongato

Mailing Address 500 New Karner Rd 2nd Floor

City Albany State NY Zip Code 12205-3857

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

Name of Employer Capital Bauer Insurance Agency, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2008

Transaction ID: 6874216

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Paul Choate

Mailing Address 100 W Peach St

City El Dorado State AR Zip Code 71730-5611

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

Name of Employer CMI Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 15 / 2008

Transaction ID: 6940644

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Robb Dale

Mailing Address 110 Unity St

City Bellingham State WA Zip Code 98225-4418

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

Name of Employer The Unity Group Insurance & Financial Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2620.00

Date of Receipt 06 / 15 / 2008

Transaction ID: 6940649

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1060.00

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 / 61
(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)
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 ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 8

Transaction ID: 6940650

Amount of Each Receipt this Period
225.00

B.

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

Mailing Address 295 East Palmer St

City State Zip Code
Franklin NC 28734-3049

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

Name of Employer Wayah Insurance Group Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 8

Transaction ID: 6940654

Amount of Each Receipt this Period
83.00

C.

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

Mailing Address 2000 Aerial Parkway Suite 107

City State Zip Code
Morrisville NC 27709-4988

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

Name of Employer Independent Agency Services, LLC Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 8

Transaction ID: 6940655

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **391.00**

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 / 61
(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)
Geoff Plott

Mailing Address 1701 McFarland Blvd North

City State Zip Code
Tuscaloosa AL 35406-2135

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 8

Transaction ID: 6940657

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Kevin J. Rader

Mailing Address 3250 N 29th Ave

City State Zip Code
Hollywood FL 33020-1313

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

Name of Employer Advanced Insurance Underw-
riters 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
0 6 / 1 5 / 2 0 0 8

Transaction ID: 6940659

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Paul Choate

Mailing Address 100 W Peach St

City State Zip Code
El Dorado AR 71730-5611

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

Name of Employer CMI Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 6940660

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 61
(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)
William L Ryan

Mailing Address 125 W Main St

City Maroa State IL Zip Code 61756-7503

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

Name of Employer Stoutenborough Insurance Agency
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 06 / 15 / 2008
Transaction ID: 6940794

Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
William J. Farris, Jr

Mailing Address P O Box 460

City Conway State AR Zip Code 72033-0460

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

Name of Employer Farris Agency, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 6951528

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Richard M. Henry

Mailing Address 10025 W Markham St Ste 120

City Little Rock State AR Zip Code 72205-1408

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

Name of Employer Hoffman-Henry Insurance Corporation
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 6951530

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 542.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 61
	<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 E. Medlock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 2804 Longview Drive		Transaction ID: 6951531		
	City Jonesboro	State AR	Zip Code 72401-5919	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Insurance Network	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) Scott G. Hauge		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 2311 Taraval St		Transaction ID: 6951532		
	City San Francisco	State CA	Zip Code 94116-2253	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CAL Insurance & Associates, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) William Keith Jones		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 3131 Lonnbladh Rd		Transaction ID: 6951535		
	City Tallahassee	State FL	Zip Code 32308-4255	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Earl Bacon 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)	▶	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 24 / 61
	<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) William J. Hooker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 206 E Mazon Ave		Transaction ID: 6951688		
	City Dwight	State IL	Zip Code 60420-1136	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 850.00		
Name of Employer William J Hooker Agency, Inc		Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dan A. Sergi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 225 Smith Rd		Transaction ID: 6951689		
	City St Charles	State IL	Zip Code 60174-5208	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
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) ▼					

C.	Full Name (Last, First, Middle Initial) Mary Lutz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8		
	Mailing Address 111 Main Street		Transaction ID: 6951691		
	City Van Horne	State IA	Zip Code 52346-9718	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Lutz Ins Agcy		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 61
(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)
David Vaaler

Mailing Address 2701 S Columbia Rd

City State Zip Code
Grand Forks ND 58201-6029

FEC ID number of contributing federal political committee. C

Name of Employer Vaaler Insurance, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 17 / 2008

Transaction ID: 6951711

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Pierce Barnett

Mailing Address 447 Southwest Drive

City State Zip Code
Jonesboro AR 72401-5856

FEC ID number of contributing federal political committee. C

Name of Employer Town & Country Insurance Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 17 / 2008

Transaction ID: 6960574

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ronald Lensing

Mailing Address 8315 Cantrell Ste 300

City State Zip Code
Little Rock AR 72227-2357

FEC ID number of contributing federal political committee. C

Name of Employer Ramsey Krug Farrell & Len-
sing Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 17 / 2008

Transaction ID: 6960575

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 26 / 61
	<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)
Ryan Fenchel

Mailing Address 14107 Winchester Blvd Ste V

City State Zip Code
Los Gatos CA 95032-1836

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

Name of Employer Occupation
Integra Insurance Service- Insurance Agent
s, Inc.

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960576

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J David Naughton

Mailing Address 6614 Merrill Rd

City State Zip Code
Jacksonville FL 32277-3629

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

Name of Employer Occupation
Insurance Network of Flor- Insurance Agent
ida, Inc.

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960625

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 300 Colonial Center Parkway Ste 13

City State Zip Code
Lake Mary FL 32746-4775

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

Name of Employer Occupation
HRH of Florida - Orlando Insurance Agent
Division

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960629

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 27 / 61
<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) Kyle Ulrich		Date of Receipt MM / DD / YYYY 06 / 17 / 2008		
	Mailing Address 3159 Shamrock South		Transaction ID: 6960630		
	City Tallahassee	State FL	Zip Code 32309-3337	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Assn of Ins Agts	Occupation Director of Political Affairs			
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) Kevin Vaughn		Date of Receipt MM / DD / YYYY 06 / 17 / 2008		
	Mailing Address 1117 Thomasville Rd		Transaction ID: 6960632		
	City Tallahassee	State FL	Zip Code 32303-6223	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogers, Gunter, Vaughn In- surance, 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) Greg Bloomfield		Date of Receipt MM / DD / YYYY 06 / 17 / 2008		
	Mailing Address 410 N Main St		Transaction ID: 6960682		
	City Hailey	State ID	Zip Code 83333-8416	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wood River Insurance, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 61
(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)
James W. Ander

Mailing Address 361 S Frontage Rd Ste 105

City State Zip Code
Burr Ridge IL 60527-6162

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960683

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Ron Rensink

Mailing Address 221 Park St

City State Zip Code
Sheldon IA 51201-1152

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

Name of Employer Occupation
Perspective Insurance President

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960691

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 500 New Karner Rd 2nd Floor

City State Zip Code
Albany NY 12205-3857

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

Name of Employer Occupation
Capital Bauer Insurance CEO
Agency, Inc.

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2008

Transaction ID: 6960695

Amount of Each Receipt this Period
1000.00

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 29 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
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
M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 6960697

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Julie Matthews

Mailing Address 105 Sundial Dr

City State Zip Code
Woodland Park CO 80863-9095

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

Name of Employer The Insurance Center 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
0 6 / 2 4 / 2 0 0 8

Transaction ID: 6965188

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James F. Suzio

Mailing Address 54 Chamberlain Hwy

City State Zip Code
Meriden CT 06451-2830

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

Name of Employer Suzio Insurance Center, 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
0 6 / 2 4 / 2 0 0 8

Transaction ID: 6965189

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 30 / 61
	<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) Gary Caruolo		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 101 Starcrest Dr		Transaction ID: 6965190		
	City Clearwater	State FL	Zip Code 33765-3225	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bouchard Insurance	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Anthony DuBose		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 12139 Panama City Beach Pkwy		Transaction ID: 6965191		
	City Panama City	State FL	Zip Code 32407-2609	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coastal Community Insurance Agency, In	Occupation Corporate Education Specialist			
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) Preston A. Moss		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 245 Davis Rd		Transaction ID: 6965195		
	City Augusta	State GA	Zip Code 30907-2407	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blanchard & Calhoun Insurance Agency,	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 61
(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)
Kay Wimberly

Mailing Address 1100 Brampton Ave Ste M

City Statesboro State GA Zip Code 30458-0870

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

Name of Employer Blount, Burke, Wimberly & Hendricks
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2008
Transaction ID: 6965197
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address First Natl Bank Ctr
1 N Main Ste 700

City Hutchinson State KS Zip Code 67501-5252

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

Name of Employer Fee Insurance Group, Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt 06 / 24 / 2008
Transaction ID: 6965204
Amount of Each Receipt this Period 80.00

C.

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

Mailing Address P O Box 40

City Wellington State KS Zip Code 67152-0040

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

Name of Employer Renn & Company, Ins.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 06 / 24 / 2008
Transaction ID: 6965207
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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 / 61
<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) Kristy Wilson		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 101 W 4th St		Transaction ID: 6965209		
	City Holton	State KS	Zip Code 66436-1769	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kellerman Insurance, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) John K. Mulvey		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 100 Motor Pkwy Ste 160		Transaction ID: 6965219		
	City Hauppauge	State NY	Zip Code 11788-5174	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bank of Smithtown Ins Age- nts & Brokers	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) James L Mastors		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 5700 Post Rd		Transaction ID: 6965222		
	City East Greenwich	State RI	Zip Code 02818-3460	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mastors & Servant Risk Se- rvices, Ltd.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	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 / 61
<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) Mike Ansay		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 101 East Grand Ave Ste 11		Transaction ID: 6965223		
	City Port Washington	State WI	Zip Code 53074-2241	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer A. N. Ansay & Associates, 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) Raymond (Skip) C. Hansen		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address W223 N608 Saratoga Dr		Transaction ID: 6965224		
	City Waukesha	State WI	Zip Code 53186-0401	Amount of Each Receipt this Period 340.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversified Insurance Ser- vices	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
2480.00

C.	Full Name (Last, First, Middle Initial) Myron O. Larson		Date of Receipt MM / DD / YYYY 06 / 24 / 2008		
	Mailing Address 415 Broadway		Transaction ID: 6965235		
	City Alexandria	State MN	Zip Code 56308-1420	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Larson Insurance	Occupation Chairman	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
510.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 61		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.

Full Name (Last, First, Middle Initial)
Richard F. McKenny

Mailing Address 5241 Viking Dr

City Edina State MN Zip Code 55435-5313

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

Name of Employer Advance Insurance Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 6965271

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Daniel D. Riley

Mailing Address 7500 Flying Cloud Dr Ste 900

City Eden Prairie State MN Zip Code 55344-3758

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

Name of Employer Minnesota Independent Ins-
urance Agents Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 6965272

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Ted E. Dyste

Mailing Address 6465 Wayzata Blvd Ste 700

City Minneapolis State MN Zip Code 55426-1751

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

Name of Employer Dyste Williams Agency Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 6965276

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 / 61
	<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) Darren P. McEuin		Date of Receipt MM / DD / YYYY 06 / 27 / 2008		
	Mailing Address 1804 W Lewis		Transaction ID: 6966628		
	City Pasco	State WA	Zip Code 99301-4958	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Conover Insurance, Inc.	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Gregory E. Baker		Date of Receipt MM / DD / YYYY 06 / 27 / 2008		
	Mailing Address 61 Cordova Street		Transaction ID: 6966631		
	City Saint Augustine	State FL	Zip Code 32084-3630	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ThompsonBaker Agency, Inc.	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) George Dahlinger		Date of Receipt MM / DD / YYYY 06 / 27 / 2008		
	Mailing Address 1216 12th Ave South		Transaction ID: 6966635		
	City Nampa	State ID	Zip Code 83651-4665	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dahlinger & Co Insurance	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 36 / 61
	<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)
Joseph A. Gundermann, III

Mailing Address 175 W Carver St

City State Zip Code
Huntington NY 11743-3307

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

Name of Employer Occupation
Gundermann & Gundermann, Inc. 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
06 / 27 / 2008

Transaction ID: 6966637

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Maggie Wood

Mailing Address 5712 Orchard St West

City State Zip Code
University Place WA 98467-3822

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

Name of Employer Occupation
Fournier Group, University Place Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2008

Transaction ID: 6981242

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
Dennis Samuelson

Mailing Address 207 Isabella Street

City State Zip Code
Radcliffe IA 50230-7712

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

Name of Employer Occupation
Drake Insurance & Financial Services 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
06 / 17 / 2008

Transaction ID: 6981248

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **545.00**

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 / 61
	<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) Shad Chandler		Date of Receipt
	Mailing Address 700 Washington		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Almena	KS	67622-9625
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Almena State Bank		Occupation Insurance Agent	Transaction ID: 7008089
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Paul Choate		Date of Receipt
	Mailing Address 100 W Peach St		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	El Dorado	AR	71730-5611
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CMI Insurance		Occupation Insurance Agent	Transaction ID: 7008301
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="0.00"/>
[MEMO ITEM] Refund(s) on Schedule B Totaling \$60.00 This changes the YTD Total to \$400-00.00			

C.	Full Name (Last, First, Middle Initial) Doug Whitworth		Date of Receipt
	Mailing Address 1012 Maine Street		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Windsor	IL	61957-1430
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Windsor Insurance Services		Occupation	Transaction ID: 7008302
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="-600.00"/>	<input type="text" value="0.00"/>
[MEMO ITEM] Refund(s) on Schedule B Totaling \$600.00 This changes the YTD Total to \$-600.00			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="27832.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NewPac	Transaction ID: 6894081 Date of Disbursement 06 / 11 / 2008
	Mailing Address P.O. Box 7480	Amount of Each Disbursement this Period 2500.00
	City Visalia State CA Zip Code 93290-7480	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Defend America PAC	Transaction ID: 6894082 Date of Disbursement 06 / 11 / 2008
	Mailing Address 228 S Washington St Ste B20	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314-5402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Cmte.	Transaction ID: 6963729 Date of Disbursement 06 / 18 / 2008
	Mailing Address 425 Second Street NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	22500.00
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) Foxx for Congress <hr/> Mailing Address PO Box 1100 <hr/> City Clemmons State NC Zip Code 27012-1100 <hr/> Purpose of Disbursement 011 Candidate Name Virginia Foxx Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 05	Transaction ID: 6963730 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>
B.	Full Name (Last, First, Middle Initial) Murphy for Congress <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Christopher Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: 6964877 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">3000.00</div>
C.	Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2021 E Dublin Granville Road #2000 <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement 011 Candidate Name Patrick Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: 6964879 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Steven Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District: 02

Transaction ID: 6964880
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Democrats Win Seats PAC

Mailing Address PO Box 71147

City Washington State DC Zip Code 20024-1147

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 6964882
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

C.

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

Mailing Address PO Box 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement

011
Category/
Type

Candidate Name
Christopher Cannon

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: UT District: 03

Transaction ID: 6964884
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund <hr/> Mailing Address 209 Pennsylvania Ave, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Rely on Your Beliefs Fund <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: 6964885 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Full Name (Last, First, Middle Initial) Battle Born PAC <hr/> Mailing Address 514 G Street, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2500.00	
<input type="text" value="011"/> Category/ Type	Transaction ID: 6964887 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
Amount of Each Disbursement this Period 2500.00	Full Name (Last, First, Middle Initial) 13th Colony Leadership Cmte <hr/> Mailing Address PO Box 114 <hr/> City Savannah State GA Zip Code 31402-0114 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2500.00	<input type="text" value="011"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 61

<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) PETEPAC <hr/> Mailing Address P.O. Box 38585 <hr/> City Dallas State TX Zip Code 75238 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6964888 Date of Disbursement 06 / 19 / 2008
	Amount of Each Disbursement this Period 5000.00
	<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) PAC to the Future <hr/> Mailing Address 268 Bush Street <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6964890 Date of Disbursement 06 / 19 / 2008
	Amount of Each Disbursement this Period 5000.00
	<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) Campbell for Congress <hr/> Mailing Address PO Box 1605 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement <hr/> Candidate Name John Campbell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6964892 Date of Disbursement 06 / 19 / 2008
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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) Thelma Drake for Congress	Transaction ID: 6964894 Date of Disbursement																			
	Mailing Address PO Box 61480	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
	City Virginia Beach State VA Zip Code 23466	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Thelma Drake	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) John Kerry For Senate	Transaction ID: 6964895 Date of Disbursement																			
	Mailing Address 10 G Street Ne Suite 710	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Sen. John Kerry	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Chandler for Congress	Transaction ID: 6964896 Date of Disbursement																			
	Mailing Address P. O. Box 12678	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
	City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Ben Chandler	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) Knollenberg for Congress Cmte.	Transaction ID: 6964899 Date of Disbursement 06 / 19 / 2008
	Mailing Address 2501 Wisconsin Ave, NW #304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Joseph Knollenberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Hoosiers for Hill	Transaction ID: 6964901 Date of Disbursement 06 / 19 / 2008
	Mailing Address P.O. Box 1071	Amount of Each Disbursement this Period 1000.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Baron Hill	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Barney Frank for Congress	Transaction ID: 6964902 Date of Disbursement 06 / 19 / 2008
	Mailing Address 38 Ivy St SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-4006	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Barney Frank	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) McCotter Congressional Cmte.	Transaction ID: 6964903 Date of Disbursement 06 / 19 / 2008
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 2000.00
	City Livonia State MI Zip Code 48153-0788	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Thad McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Welch For Congress	Transaction ID: 6964904 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box 1086	Amount of Each Disbursement this Period 1000.00
	City Montpelier State VT Zip Code 05601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Peter Welch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 6964905 Date of Disbursement 06 / 19 / 2008
	Mailing Address PO Box 38585	Amount of Each Disbursement this Period 2000.00
	City Dallas State TX Zip Code 75238-0585	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Pete Sessions	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Hayes for Congress <hr/> Mailing Address PO Box 2000 <hr/> City Concord State NC Zip Code 28026-2000 <hr/> Purpose of Disbursement <hr/> Candidate Name Robin Hayes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6964906 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Void - JEB Fund
B. Full Name (Last, First, Middle Initial) JEB Fund <hr/> Mailing Address 7315 Wisconsin Avenue, Suite 705 E <hr/> City Bethesda State MD Zip Code 20815 <hr/> Purpose of Disbursement Void - JEB Fund <hr/> Candidate Name JEB Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6965323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period -2500.00
	011 Category/ Type
	Void - JEB Fund
C. Full Name (Last, First, Middle Initial) Hall of Fame PAC <hr/> Mailing Address 2501 Wisconsin Ave, NW Suite 304 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement <hr/> Candidate Name Hall of Fame PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6965585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Void - JEB Fund

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
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)

<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) Synergy PAC <hr/> Mailing Address 200 East Jefferson Street <hr/> City Falls Church State VA Zip Code 20046 <hr/> Purpose of Disbursement <input type="text" value="011"/> Candidate Name Synergy PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6971488 Date of Disbursement <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
B.	Full Name (Last, First, Middle Initial) Treasure State PAC <hr/> Mailing Address 200 East Jefferson Street <hr/> City Falls Church State VA Zip Code 20046 <hr/> Purpose of Disbursement <input type="text" value="011"/> Candidate Name Treasure State PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 6971489 Date of Disbursement <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
C.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd <hr/> Mailing Address 1602 Belle View Boulevard #510 <hr/> City Alexandria State VA Zip Code 22307 <hr/> Purpose of Disbursement <input type="text" value="011"/> Candidate Name Christopher Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Transaction ID: 6971490 Date of Disbursement <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 6971491 Date of Disbursement
	Mailing Address 1602 Belle View Boulevard #510	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22307	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Christopher Dodd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) First State PAC	Transaction ID: 6971492 Date of Disbursement
	Mailing Address 426 C Street, NE	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Republican Majority Fund	Transaction ID: 6971493 Date of Disbursement
	Mailing Address P.O. Box 144	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

FARM PAC

Mailing Address 675 N. Washington Street, Suite 41

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
FARM PAC

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

State: District:

Transaction ID: 6971494

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address 406 Virginia Avenue

City State Zip Code
Alexandria VA 22302

Purpose of Disbursement

011
Category/
Type

Candidate Name
John Barrasso

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

State: WY District:

Transaction ID: 6971495

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address 406 Virginia Avenue

City State Zip Code
Alexandria VA 22302

Purpose of Disbursement

011
Category/
Type

Candidate Name
John Barrasso

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

State: WY District:

Transaction ID: 6971496

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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) Conaway for Congress <hr/> Mailing Address PO Box 1605 <hr/> City Alexandria State VA Zip Code 22313-1605 <hr/> Purpose of Disbursement <hr/> Candidate Name K Michael Conaway <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971497 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 126 S Franklin St <hr/> City Wilkes Barre State PA Zip Code 18701-1101 <hr/> Purpose of Disbursement <hr/> Candidate Name Paul Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971498 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 900 19th Street, NW 8th Floor <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement <hr/> Candidate Name Gordon Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971499 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bachmann For Congress		Transaction ID: 6971500		
	Mailing Address Box 49756		Date of Disbursement 06 / 24 / 2008		
	City Blaine	State MN	Zip Code 55449	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Rep. Michele Bachmann		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Klein For Congress		Transaction ID: 6971501		
	Mailing Address 21301 Powerline Road Suite 204		Date of Disbursement 06 / 24 / 2008		
	City Boca Raton	State FL	Zip Code 33433	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Rep. Ronald Klein		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Chabot for Congress		Transaction ID: 6971502		
	Mailing Address 217 3rd St SE		Date of Disbursement 06 / 24 / 2008		
	City Washington	State DC	Zip Code 20003-1904	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		011 Category/ Type		
	Candidate Name Steve Chabot		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	Transaction ID: 6971503 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Cazayoux For Congress <hr/> Mailing Address Pob 156 <hr/> City New Roads State LA Zip Code 70760 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Donald Cazayoux Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	Transaction ID: 6971504 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Shays for Congress <hr/> Mailing Address 98 East Avenue, Rear Building <hr/> City Norwalk State CT Zip Code 06851 <hr/> Purpose of Disbursement 011 Candidate Name Chris Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04	Transaction ID: 6971505 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">4000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JEB Fund</p> <p>Mailing Address 7315 Wisconsin Avenue, Suite 705 E</p> <p>City Bethesda State MD Zip Code 20815</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name JEB Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 6971506</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	4	/	2	0	0	8												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tom Feeny for Congress</p> <p>Mailing Address 610 S. Blvd, Suite 100</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Tom Feeny</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 24</p>	<p>Transaction ID: 6971507</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	4	/	2	0	0	8												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 508</p> <p>City Washington State DC Zip Code 20002-4980</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name John Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 08</p>	<p>Transaction ID: 6971508</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	4	/	2	0	0	8												

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address 700 12th Street, NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 08</p>	<p>Transaction ID: 6971509</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tim Mahoney For Florida</p> <p>Mailing Address 4114 Northlake Blvd Ste 300</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Timothy Mahoney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 16</p>	<p>Transaction ID: 6971510</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Manzullo for Congress</p> <p>Mailing Address PO Box 368</p> <p>City Falls Church State VA Zip Code 22040</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Donald A. Manzullo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 16</p>	<p>Transaction ID: 6971511</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independent Insurance Agents & 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: 6971512 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	<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) Tim Bishop For Congress <hr/> Mailing Address PO Box 437 <hr/> City Farmingville State NY Zip Code 11738 Purpose of Disbursement Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971513 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Dick Durbin <hr/> Mailing Address 200 East Jefferson Street <hr/> City Falls Church State VA Zip Code 22046 Purpose of Disbursement Candidate Name Dick Durbin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971516 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address 499 S Capitol St SW Ste 412 <hr/> City Washington State DC Zip Code 20003-4009 Purpose of Disbursement <hr/> Candidate Name Jim Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971517 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 Purpose of Disbursement <hr/> Candidate Name Rep. Gwen Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971518 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bennett Election Committee <hr/> Mailing Address 175 South West Temple Ste 650 <hr/> City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement <hr/> Candidate Name Bob Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971519 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Allen Boyd for Congress <hr/> Mailing Address P.O. Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement <hr/> Candidate Name Allen Boyd <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971520 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Melancon for Congress <hr/> Mailing Address PO Box 549 <hr/> City Napoleonville State LA Zip Code 70390-0549 <hr/> Purpose of Disbursement <hr/> Candidate Name Charlie Melancon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971521 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Friends Of Bill Posey <hr/> Mailing Address 1824 South Fiske Boulevard <hr/> City Rockledge State FL Zip Code 32955 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6971522 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

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) Majority Committee PAC	Transaction ID: 6971523 Date of Disbursement
	Mailing Address P.O. Box 10134	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 6971524 Date of Disbursement
	Mailing Address 100 E. Broad Street #2330	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Steve Austria	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Elizabeth Dole Committee	Transaction ID: 6971525 Date of Disbursement
	Mailing Address PO Box 2918	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27602-2918	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Elizabeth Dole	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="133500.00"/>

**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 59 / 61

<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 checked="" 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) Doug Whitworth	Transaction ID: 7008079
	Mailing Address 1012 Maine Street	Date of Disbursement 06 / 02 / 2008
	City Windsor State IL Zip Code 61957-1430	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement	010 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Paul Choate	Transaction ID: 7008141
	Mailing Address 100 W Peach St	Date of Disbursement 06 / 18 / 2008
	City El Dorado State AR Zip Code 71730-5611	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement	010 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

660.00

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

660.00

**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 60 / 61

<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 Credit Card Processing Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7008081 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 4.50
	Category/ Type 001
	Credit Card Processing Charge
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 Credit Card Processing Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7008082 Date of Disbursement 06 / 05 / 2008
	Amount of Each Disbursement this Period 291.77
	Category/ Type 001
	Credit Card Processing Charge
C. Full Name (Last, First, Middle Initial) Fifth Third Processing Solutions <hr/> Mailing Address 38 Fountain Square Plaza <hr/> City Cincinnati State OH Zip Code 45263 <hr/> Purpose of Disbursement Credit Card Processing Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7008083 Date of Disbursement 06 / 09 / 2008
	Amount of Each Disbursement this Period 587.41
	Category/ Type 001
	Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional) ▶

883.68

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 61 / 61

<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 Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 7008084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Credit Card Processing Charge

B.

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

Mailing Address 1840 Embarcadero Rd

City Palo Alto State CA Zip Code 94303

Purpose of Disbursement
Credit Card Processing Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 7008085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Credit Card Processing Charge

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)