

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00039578 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [05] / [01] / [2017] through [05] / [31] / [2017]

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

Signature of Treasurer *Crerar, A., , Ken,* [Electronically Filed] Date [09] / [22] / [2017]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text"/>	<input type="text" value="936711.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="838912.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="55303.00"/>	<input type="text" value="509217.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="894215.13"/>	<input type="text" value="1445928.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="74817.28"/>	<input type="text" value="626530.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="819397.85"/>	<input type="text" value="819397.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47220.32	460363.33
(ii) Unitemized	8082.68	48854.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55303.00	509217.35
(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)	55303.00	509217.35
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	55303.00	509217.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55303.00	509217.35

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1817.28	10030.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1817.28	10030.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	617500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	- 1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74817.28	626530.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74817.28	626530.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	55303.00	509217.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55303.00	509217.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1817.28	10030.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1817.28	10030.83

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Re-Designate Himes for Congress ck#5856 5/23/17 for \$5k from 2018 Primary to 2018 Convention Election

Form/Schedule:
Transaction ID:

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

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

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

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

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

Mailing Address 220 S Ridgewood Ave

City Daytona Beach	State FL	Zip Code 32114-4318
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

Transaction ID : 40820310

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2748 N. Lakewood
3

City Chicago	State IL	Zip Code 60614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hub International Limited (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

Transaction ID : 40821646

Amount of Each Receipt this Period
2500.00

Memo Item

C. Ziebell, William, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 Elk Ct

City Wheaton	State IL	Zip Code 60189-8174
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthur J. Gallagher & Co.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

Transaction ID : 40822526

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 1 Kelly Way

City Sparks	State MD	Zip Code 21152-9484
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kelly & Associates Insurance Group, In	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40822527

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5 Circle Oaks Trl

City Ormond Beach	State FL	Zip Code 32174-4949
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brown & Brown	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40822528

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3636 American River Dr Fl 2

City Sacramento	State CA	Zip Code 95864-5952
--------------------	-------------	------------------------

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

Name of Employer (for Individual) InterWest Insurance Services, LLC	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40822535

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 736 S Stone Ave

City La Grange	State IL	Zip Code 60525-2724
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arthur J. Gallagher Risk Management Se	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

Transaction ID : 40831383

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2165 Indian Sky Ln

City Newbury Park	State CA	Zip Code 91320-4566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warner Pacific Insurance Services, Inc	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

Transaction ID : 40831389

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 672 Flintdale Rd

City Houston	State TX	Zip Code 77024-5135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McGriff, Seibels & Williams of Texas,	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

Transaction ID : 40833548

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 1970 Terra Vista Way

City Las Vegas	State NV	Zip Code 89117-2018
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40833549

Amount of Each Receipt this Period
50.00

Memo Item

B. Franzoy-Capron, Alma, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 31 Box 200

City Hatch	State NM	Zip Code 87937-9707
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leavitt Group Southwest, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40833552

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1442 N Fairway Dr

City Cedar City	State UT	Zip Code 84721
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
516.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : 40833563

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 10 Naples Court

City Troy	State NY	Zip Code 12180-6540
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rose and Kiernan, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842884

Amount of Each Receipt this Period
500.00

Memo Item

B. Victorson, Mike, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 349 Medinah St

City Oregon	State WI	Zip Code 53575-3839
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) M3 Insurance Solutions, Inc.	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842885

Amount of Each Receipt this Period
208.34

Memo Item

C. Van Dam, Dale, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1025 Timber Pass

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1041.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842886

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.68
TOTAL This Period (last page this line number only).....	

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

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

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

A. Ray, Kenneth, L, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Beaver Bnd

City Canton	State MS	Zip Code 39046-9296
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stewart Sneed Hewes / BancorpSouth Ins	Occupation (for Individual) Insurance Broker
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : 40842887

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2848
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842888

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842890

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	591.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Kenyon, Christine, M, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842891
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Koenig, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3119 Vinburn Rd
 City Sun Prairie State WI Zip Code 53590-9362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842892
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Moore, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 W Beltline Hwy
 City Madison State WI Zip Code 53713-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842893
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.02
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 411 Coleman Rd

City Madison	State WI	Zip Code 53704-6012
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842894

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2848
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842895

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 203 N 4th St

City Mount Horeb	State WI	Zip Code 53572-1733
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842896

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

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

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

Mailing Address 3113 W Beltline Hwy

City Madison	State WI	Zip Code 53713-2848
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40842897

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1008 Freshir Ct

City Waunakee	State WI	Zip Code 53597-3022
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40842898

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 104 Autumn Circle

City Mt. Horeb	State WI	Zip Code 53572
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40842899

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.68
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 117 Pine View Dr

City Madison	State WI	Zip Code 53704-7686
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842900

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

City Eau Claire	State WI	Zip Code 54701-7777
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842903

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842904

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.68
TOTAL This Period (last page this line number only).....	

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

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

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

A. Andrews, Mitchell, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Hidden Brook Dr
 City North Barrington State IL Zip Code 60010-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plexus Groupe LLC (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.62

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842905
 Amount of Each Receipt this Period 208.34
 Memo Item

B. Julius, William, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Dr
 City Madison State WI Zip Code 53713-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842907
 Amount of Each Receipt this Period 41.68
 Memo Item

C. Kelly, Francis, X, Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Scotts Knoll Ct
 City Lutherville State MD Zip Code 21093-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kelly & Associates Insurance Group, In Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842908
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.02
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 1 Kelly Way

City Sparks	State MD	Zip Code 21152-9484
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kelly & Associates Insurance Group, In	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842909

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1 Corporate Dr Ste 600

City Wausau	State WI	Zip Code 54401-1723
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842910

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 480 Pilgrim Way Suite 1230

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1041.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842911

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.68
TOTAL This Period (last page this line number only).....	

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

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

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

A. Healy, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2896 S Seminole Hwy Apt 11
 City Fitchburg State WI Zip Code 53711-7015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842916
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Boray, Matthew, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N72 W28925 Fishers Landing
 City Hartland State WI Zip Code 53029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842917
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Twietmeyer, Rich, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 952 Willow Ct
 City Cedarburg State WI Zip Code 53012-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 05 / 2017
Transaction ID : 40842923
 Amount of Each Receipt this Period 83.34
 Memo Item

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

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

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

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

A. Pum, Nanette, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Pinehurst Dr
 City Verona State WI Zip Code 53593-2277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : 40842924
 Amount of Each Receipt this Period
 41.68
 Memo Item

B. Basel, Mary Beth, B, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 John Nolen Drive
 City Madison State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : 40842926
 Amount of Each Receipt this Period
 83.34
 Memo Item

C. Schmidt, Kristin, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 Oakwood Hills Pkwy Ste 400
 City Eau Claire State WI Zip Code 54701-7777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M3 Insurance Solutions, Inc. Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : 40842934
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Corporate Dr Ste 600

City Wausau	State WI	Zip Code 54401-1723
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842935

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842937

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 1 Kelly Way

City Sparks	State MD	Zip Code 21152-9484
----------------	-------------	------------------------

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

Name of Employer (for Individual) Kelly & Associates Insurance Group, In	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40842940

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1425 Discovery Pkwy

City Wauwatosa	State WI	Zip Code 53226-1337
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40842942

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 828 John Nolen Dr

City Madison	State WI	Zip Code 53713-1424
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40842947

Amount of Each Receipt this Period
100.00

Memo Item

C. Fawcett, Walter, R, Mr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Macalpin Ct

City Inverness	State IL	Zip Code 60010-6426
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2083.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40862065

Amount of Each Receipt this Period
416.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	558.35
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Lacey, William, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5321 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5506
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862066

Amount of Each Receipt this Period
208.34

Memo Item

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

Mailing Address 364 Prospect Ave

City Glen Ellyn	State IL	Zip Code 60137-4955
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862072

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862075

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

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

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

Mailing Address 53110 Harvest Hill RD
STE 100

City Dallas	State TX	Zip Code 75252-6076
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40862077

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40862079

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 21805 Field Parkway, Suite 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : 40862082

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	417.34
TOTAL This Period (last page this line number only).....	

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

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

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

A. Bass, Peggy, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53110 Harvest Hill RD
STE 100

City Dallas	State TX	Zip Code 75252-6076
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862084

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862089

Amount of Each Receipt this Period
70.00

Memo Item

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

Mailing Address 21805 W Field Pkwy Ste 300

City Deer Park	State IL	Zip Code 60010-3231
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

Transaction ID : 40862090

Amount of Each Receipt this Period
166.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	286.66
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 26w460 Churchill Rd

City Winfield	State IL	Zip Code 60190-2114
------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40863343

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40863344

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40863345

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Maack, Sam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : 40863346

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : 40863347

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1320 S University Dr STE 1000

City Fort Worth	State TX	Zip Code 76102
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roach Howard Smith & Barton	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : 40878402

Amount of Each Receipt this Period
450.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brown, Gordon, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 S Sego Lily Circle
 City North Salt Lake City State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.50

Date of Receipt 05 / 10 / 2017
Transaction ID : 40880023
 Amount of Each Receipt this Period 65.30
 Memo Item

B. Ferguson, Rob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 547 Happy Hollow Rd
 City Kaysville State UT Zip Code 84037-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.15

Date of Receipt 05 / 10 / 2017
Transaction ID : 40880025
 Amount of Each Receipt this Period 58.03
 Memo Item

C. Fielding, Rick, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2620 E Casto Ln
 City Salt Lake City State UT Zip Code 84117-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Insurance Advisors Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 496.95

Date of Receipt 05 / 10 / 2017
Transaction ID : 40880026
 Amount of Each Receipt this Period 99.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.72
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 465 S 400 E Ste 300

City Salt Lake City	State UT	Zip Code 84111-3349
------------------------	-------------	------------------------

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

Name of Employer (for Individual) GBS Benefits, Inc. (Leavitt)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40880027

Amount of Each Receipt this Period
43.01

Memo Item

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

Mailing Address 5955 Mountain Ranch Dr

City Park City	State UT	Zip Code 84098-6177
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40880032

Amount of Each Receipt this Period
81.43

Memo Item

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

Mailing Address 6074 S Oak Canyon Dr

City Salt Lake City	State UT	Zip Code 84121-6361
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
251.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2017

Transaction ID : 40880033

Amount of Each Receipt this Period
50.29

Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.73
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 465 S 400 E Ste 300

City Salt Lake City	State UT	Zip Code 84111-3349
------------------------	-------------	------------------------

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

Name of Employer (for Individual) GBS Benefits, Inc. (Leavitt)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
402.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : 40880038

Amount of Each Receipt this Period
80.55

Memo Item

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

Mailing Address 10633 Indian Ridge Dr

City Fort Wayne	State IN	Zip Code 46814-9091
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40887860

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40887863

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1122.55
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 4404 Stone Mountain Dr

City Fort Worth	State TX	Zip Code 76123-1884
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roach Howard Smith & Barton	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

Transaction ID : 40887864

Amount of Each Receipt this Period
225.00

Memo Item

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

Mailing Address 3737 Arroyo Rd

City Fort Worth	State TX	Zip Code 76109-3410
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roach Howard Smith & Barton	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

Transaction ID : 40887865

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 8259 Michelle Lane

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : 40887867

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1266.68
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 3309 Perrington Pointe

City Marietta	State GA	Zip Code 30066-8709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brown & Brown Insurance, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : 40887871

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 50243 Livingston Dr

City Northville	State MI	Zip Code 48168-6804
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : 40887872

Amount of Each Receipt this Period
41.68

Memo Item

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

Mailing Address 11661 Big Bone Rd

City Union	State KY	Zip Code 41091-9635
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : 40887875

Amount of Each Receipt this Period
41.68

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.36
TOTAL This Period (last page this line number only).....	

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

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

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

A. Norris, David, C, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 Sapphire Dr
 City Carmel State IN Zip Code 46032-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 12 / 2017
Transaction ID : 40887896
 Amount of Each Receipt this Period 41.68
 Memo Item

B. Herr, Andria, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 International Pkwy Ste 330
 City Lake Mary State FL Zip Code 32746-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2017
Transaction ID : 40887901
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Nemmers, Gregory, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Campau Ave NW Ste 100
 City Grand Rapids State MI Zip Code 49503-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 12 / 2017
Transaction ID : 40887907
 Amount of Each Receipt this Period 41.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.36
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Myers, Suzanne, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 E Golf Rd Ste 1100

City Schaumburg	State IL	Zip Code 60173-5067
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Assurance Agency, Ltd. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40887921

Amount of Each Receipt this Period
250.00

Memo Item

B. Crerar, Ken, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4405 Klingle St NW

City Washington	State DC	Zip Code 20016-3578
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1874.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2017

Transaction ID : 40889192

Amount of Each Receipt this Period
208.33

Memo Item

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

Mailing Address 2208 Windsor Rd

City Alexandria	State VA	Zip Code 22307-1018
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
833.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2017

Transaction ID : 40889193

Amount of Each Receipt this Period
277.77

Memo Item

SUBTOTAL of Receipts This Page (optional).....	736.10
TOTAL This Period (last page this line number only).....	

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

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

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

A. Fielding, John, P, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 virginia Ave
 City Alexandria State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2017
Transaction ID : 40889194
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. McDaid, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Suite 750
 City Washington State DC Zip Code 20004-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Council of Insurance Agents and Broker Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2017
Transaction ID : 40889197
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Bowman, Cynthia, J, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 E 9th St Suite 600
 City Cleveland State OH Zip Code 44114-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oswald Companies (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2017
Transaction ID : 40889200
 Amount of Each Receipt this Period
 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1100 Superior Avenue, Suite 1500

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40889202

Amount of Each Receipt this Period
83.34

Memo Item

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

Mailing Address 1136 Sheerbrook Dr

City Chagrin Falls	State OH	Zip Code 44022-4137
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40889203

Amount of Each Receipt this Period
44.00

Memo Item

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

Mailing Address 511 Marguerite Ave

City Cuyahoga Falls	State OH	Zip Code 44221-1811
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

Transaction ID : 40889208

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.34
TOTAL This Period (last page this line number only).....	

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

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

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

A. Wieligman, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Farmington Rd
 City Toledo State OH Zip Code 43623-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hylant Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 05 / 12 / 2017
Transaction ID : 40889210
 Amount of Each Receipt this Period 41.68
 Memo Item

B. McClenahan, Spencer, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8750 N Central Expy Ste 500 Suite 500
 City Dallas State TX Zip Code 75231-6458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roach Howard Smith & Barton, Inc. (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2017
Transaction ID : 40893047
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Leavitt, Rodney, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 Terra Vista Way
 City Las Vegas State NV Zip Code 89117-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 16 / 2017
Transaction ID : 40894918
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	591.68
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 2720 Black Diamond Ter

City Colorado Springs	State CO	Zip Code 80918-1570
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2017

Transaction ID : 40894919

Amount of Each Receipt this Period
25.00

Memo Item

B. Franzoy-Capron, Alma, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 31 Box 200

City Hatch	State NM	Zip Code 87937-9707
---------------	-------------	------------------------

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

Name of Employer (for Individual) Leavitt Group Southwest, Inc.	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2017

Transaction ID : 40894921

Amount of Each Receipt this Period
50.00

Memo Item

C. Pittman, Larry, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2350 Hedgewood Ln

City Allen	State TX	Zip Code 75013-5836
---------------	-------------	------------------------

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

Name of Employer (for Individual) Roach Howard Smith & Barton, Inc. (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

Transaction ID : 40894926

Amount of Each Receipt this Period
650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Allesi, Charles, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2017
Transaction ID : 40894928
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Callister, Joseph, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1442 N Fairway Dr
 City Cedar City State UT Zip Code 84721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Leavitt Group (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 05 / 16 / 2017
Transaction ID : 40894932
 Amount of Each Receipt this Period 2.00
 Memo Item

C. Berger, John, , Mr., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2017
Transaction ID : 40894958
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2002.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 14010 Fnb Pkwy Ste 300
Suite 300

City Omaha	State NE	Zip Code 68154-5210
---------------	-------------	------------------------

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

Name of Employer (for Individual) Harry A. Koch Co. (HQ), The	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

Transaction ID : 40894961

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 30 N Union St

City Rochester	State NY	Zip Code 14607-1345
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lawley Andolina Verdi	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

Transaction ID : 40894963

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 361 Delaware Ave

City Buffalo	State NY	Zip Code 14202-1622
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

Transaction ID : 40894964

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Luthra, Raman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2017
Transaction ID : 40894965
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Specht, John, T, Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3303 N 133rd Cir
 City Omaha State NE Zip Code 68164-2495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harry A. Koch Co. (HQ), The Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017
Transaction ID : 40903030
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lawley, Michael, R, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Delaware Ave
 City Buffalo State NY Zip Code 14202-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawley Insurance Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 19 / 2017
Transaction ID : 40903033
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 361 Delaware Ave

City Buffalo	State NY	Zip Code 14202-1622
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40903036

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2241 Fairhaven Cir NE

City Atlanta	State GA	Zip Code 30305-4316
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Pritchard & Jerden, Inc. (HQ)	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40903037

Amount of Each Receipt this Period
500.00

Memo Item

C. Rehak, Jamie, J, Mr., Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 361 Delaware Ave

City Buffalo	State NY	Zip Code 14202-1622
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40903044

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

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

Mailing Address 2931 Candlelight Dr

City York	State PA	Zip Code 17402-8804
--------------	-------------	------------------------

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

Name of Employer (for Individual) Murray Risk Management and Insurance (Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40903049

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 361 Delaware Ave

City Buffalo	State NY	Zip Code 14202-1622
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40903053

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 309 Hauser Blvd

City Helena	State MT	Zip Code 59601-2759
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

Transaction ID : 40904324

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

Mailing Address 4116 Greenbrier Dr

City Dallas	State TX	Zip Code 75225-6635
----------------	-------------	------------------------

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

Name of Employer (for Individual) Roach Howard Smith & Barton, Inc. (HQ)	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40911080

Amount of Each Receipt this Period
1000.00

Memo Item

B. Sack, Steven, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 North Michigan Ave Suite 1205

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40911081

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2300 Renaissance Blvd

City King of Prussia	State PA	Zip Code 19406-2772
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40911082

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Cape, Julie, K, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Galleria Parkway
 City Atlanta State GA Zip Code 30339-5980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Digital Insurance, Inc. (HQ) Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2017
Transaction ID : 40911083
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Prather, Sally, A, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Main St
 City Penn Yan State NY Zip Code 14527-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marsh & McLennan Agency Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2017
Transaction ID : 40911084
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Johnson, Wendra, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 S. Federal Hwy, #725
 City Boca Raton State FL Zip Code 33431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CBIZ Benefits & Insurance Services Gro Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2017
Transaction ID : 40911085
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 9225 Priority Way West Dr Ste 100
Suite 100

City Indianapolis	State IN	Zip Code 46240-1572
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 40911087

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1014 Garner Ave

City Wheaton	State IL	Zip Code 60187-4414
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Arthur J. Gallagher Risk Management Se	Occupation (for Individual) Insurance Broker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

Transaction ID : 40911935

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 30 North Union St.

City Rochester	State NY	Zip Code 14607-1345
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lawley Andolina Verdi	Occupation (for Individual) Insurance Broker
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : 40977290

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 4405 Klinge St NW

City Washington	State DC	Zip Code 20016-3578
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Council of Insurance Agents and Broker	Occupation (for Individual) President/CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : 40977291

Amount of Each Receipt this Period
208.33

Memo Item

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

Mailing Address 216 virginia Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : 40977292

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 615 N Overlook Dr

City Alexandria	State VA	Zip Code 22305
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : 40977293

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	279.16
TOTAL This Period (last page this line number only).....	

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

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

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

A. McDaid, Elizabeth, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW Suite 750

City Washington	State DC	Zip Code 20004-2608
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 40977294

Amount of Each Receipt this Period
50.00

Memo Item

B. Urso, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 11th St. #906 NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 40977295

Amount of Each Receipt this Period
20.84

Memo Item

C. Wood, Joel, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 Windsor Rd

City Alexandria	State VA	Zip Code 22307-1018
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1111.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 40977296

Amount of Each Receipt this Period
277.77

Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.61
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 62
(check only one)

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

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

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

Mailing Address 821 Lee Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2017

Transaction ID : 40977297

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.83
TOTAL This Period (last page this line number only).....	47220.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40975131
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 2878

City Omaha State NE Zip Code 68103-2878

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40975132
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Brady Walkinshaw

Mailing Address 119 1st Avenue South

City Seattle State WA Zip Code 98104

Purpose of Disbursement
Void - Friends Of Brady Walkinshaw ck 5690 10/27/16; over 180 days old

011

Candidate Name
Walkinshaw, Brady, , ,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2017

FEC Identification Number

C C00597732

Transaction ID : 40839530

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Friends Of Brady Walkinshaw ck 5690 10/27/16; over 180 days old

Full Name (Last, First, Middle Initial)

B. Friends Of Jared Polis Committee

Mailing Address P.O. Box 4572

City Boulder State CO Zip Code 80306

Purpose of Disbursement
Void - Friends Of Jared Polis Committee ck 5688 10/27/16; over 180 days old

011

Candidate Name
Polis, Jared, , Rep.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: CO District: 02

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2017

FEC Identification Number

C C00435370

Transaction ID : 40839531

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Friends Of Jared Polis Committee ck 5688 10/27/16; over 180 days old

Full Name (Last, First, Middle Initial)

C. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
Void - Friends For Gregory Meeks ck 5644 10/24/16; over 180 days old

011

Candidate Name
Meeks, Gregory, W., Rep.,

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 05

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2017

FEC Identification Number

C C00430991

Transaction ID : 40839532

Amount of Each Disbursement this Period

- 2000.00

Memo Item Void - Friends For Gregory Meeks ck 5644 10/24/16; over 180 days old

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

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

- 12000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City
Melbourne

State
FL

Zip Code
32941

Purpose of Disbursement
Void - Friends Of Bill Posey ck 5703 10/31/16; over 180 days old

Category/
Type

Candidate Name

Posey, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40839539

Amount of Each Disbursement this Period

Memo Item Void - Friends Of Bill Posey ck 5703 10/31/16; over 180 days old

Full Name (Last, First, Middle Initial)

B. Angus King For Us Senate Campaign

Mailing Address 114 Maine Street Suite 1a
PO Box 368

City
Brunswick

State
ME

Zip Code
04011

Purpose of Disbursement

Category/
Type

Candidate Name

King, Angus, S., Sen., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: ME District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889274

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City
Ballwin

State
MO

Zip Code
63022

Purpose of Disbursement

Category/
Type

Candidate Name

Wagner, Ann, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889275

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, George, , , Jr

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C C00474189

Transaction ID : 40889276

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, George, , , Jr

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C C00474189

Transaction ID : 40889277

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blaine For Congress

Mailing Address PO Box 98

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C C00458679

Transaction ID : 40889278

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

Category/
Type

Candidate Name
Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889279
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

Category/
Type

Candidate Name
Courtney, Joseph, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CT District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889280
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller Highwater PAC

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

Category/
Type

Candidate Name
Heller Highwater PAC

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889281
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernardino

State
CA

Zip Code
92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C00510461

Transaction ID : 40889283

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ruben Kihuen For Congress

Mailing Address P.O. Box 458

City
Las Vegas

State
NV

Zip Code
89125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kihuen, Ruben, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C00502773

Transaction ID : 40889284

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Future Forum PAC

Mailing Address PO BOX 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement

011

Category/
Type

Candidate Name

Future Forum PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C00625988

Transaction ID : 40889285

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lobo PAC

Mailing Address PO BOX 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement

Category/Type

Candidate Name
Lobo PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40889286

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

Category/Type

Candidate Name
Heinrich, Martin, T., Sen.,

Office Sought: House Senate President
State: NM District:

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40891813

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Waters

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement

Category/Type

Candidate Name
Waters, Maxine, , Rep.,

Office Sought: House Senate President
State: CA District: 43

Disbursement For: 2018 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40903090

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gillibrand For Senate

Mailing Address 126 C Street Nw
2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement

Category/
Type

Candidate Name

Gillibrand, Kirsten, E., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40904243

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40904245

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement

Category/
Type

Candidate Name

Rothfus, Keith, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40904246

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Macarthur For Congress Inc.

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818

Purpose of Disbursement

011

Category/Type

Candidate Name

MacArthur, Thomas, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C00557520

Transaction ID : 40904248

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Category/Type

Candidate Name

Himes, Jim, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Convention2018

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C00434191

Transaction ID : 40904250

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address Pobox 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/Type

Candidate Name

Baldwin, Tammy, , Sen.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C00326801

Transaction ID : 40904256

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength & Security PAC

Mailing Address PO BOX 80505

City
BATON ROUGE

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Continuing America's Strength & Security PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C C00480228

Transaction ID : 40904260

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address PO Box 2882

City
Wilmington

State
DE

Zip Code
19805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carper, Thomas, R., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: DE

District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C C00349217

Transaction ID : 40904262

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District: 05

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C C00499947

Transaction ID : 40904265

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Friends Of Raja For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement 011 Category/Type

Candidate Name
Krishnamoorthi, S. Raja, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 08

Date of Disbursement: 05 / 23 / 2017

FEC Identification Number: C00575092
Transaction ID : 40904268
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Maggie Hassan GVP

Full Name (Last, First, Middle Initial)
Mailing Address 220 Eye Street, NE Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 23 / 2017

FEC Identification Number: C
Transaction ID : 40904269
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Matsui For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 011 Category/Type

Candidate Name
Matsui, Doris, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement: 05 / 23 / 2017

FEC Identification Number: C00409219
Transaction ID : 40904270
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends For Gregory Meeks

Mailing Address 153-01 Jamaica Ave. Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement

011

Candidate Name

Meeks, Gregory, W., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	7

FEC Identification Number

C00430991

Transaction ID : 40904271

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

011

Candidate Name

Manchin, Joe, , III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	7

FEC Identification Number

C00486563

Transaction ID : 40904273

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chuck Fleischmann For Congress Commit

Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement

011

Candidate Name

Fleischmann, Chuck, J., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	7

FEC Identification Number

C00461822

Transaction ID : 40912478

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heller Highwater PAC

Mailing Address PO Box 370672

City
Las Vegas

State
NV

Zip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller Highwater PAC

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2017

FEC Identification Number

C C00471607

Transaction ID : 40912479

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Booker Senate Victory

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2017

FEC Identification Number

C

Transaction ID : 41002590

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

73000.00